	n this information to identify your ca	ase.	
Uni	ed States Bankruptcy Court for the	:	
	Southern District of Texa	as	
Cas	e number (<i>If known</i>):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing
Off	icial Form 101		
Vc	 luntary Petition 1	for Individuals Filing for	Bankruptcy 06/22
in jo eithe joint Be a spac ques	nt cases, these forms use you to a r debtor owns a car. When informa cases, one of the spouses must rescomplete and accurate as possible is needed, attach a separate shetion.	ask for information from both debtors. For examp ation is needed about the spouses separately, the eport information as <i>Debtor 1</i> and the other as <i>Debtor 1</i> two married people are filing together, both	couple may file a bankruptcy case together—called a <i>joint</i> case—ar le, if a form asks, "Do you own a car," the answer would be <i>yes</i> if form uses <i>Debtor 1</i> and <i>Debtor 2</i> to distinguish between them. In <i>ibtor 2</i> . The same person must be <i>Debtor 1</i> in all of the forms. are equally responsible for supplying correct information. If more s, write your name and case number (if known). Answer every
Pai	t 1: Identify Yourself		
		About Debtor 1:	AL (D.) (0.00)
1.	Your full name	About Bestor 1.	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Joel First name Dennis Middle name Crutcher Last name	Amber First name Nicole Middle name Crutcher Last name
1.	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification	Joel First name Dennis Middle name Crutcher	Amber First name Nicole Middle name Crutcher
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years	Joel First name Dennis Middle name Crutcher Last name	Amber First name Nicole Middle name Crutcher Last name Suffix (Sr., Jr, II, III) Amber First name
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Joel First name Dennis Middle name Crutcher Last name Suffix (Sr., Jr, II, III)	Amber First name Nicole Middle name Crutcher Last name Suffix (Sr., Jr, II, III)
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden	Joel First name Dennis Middle name Crutcher Last name Suffix (Sr., Jr, II, III)	Amber First name Nicole Middle name Crutcher Last name Suffix (Sr., Jr, II, III) Amber First name Nicole Middle name
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden	Joel First name Dennis Middle name Crutcher Last name Suffix (Sr., Jr, II, III) First name Middle name	Amber First name Nicole Middle name Crutcher Last name Suffix (Sr., Jr, II, III) Amber First name Nicole Middle name Monceaux
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden	Joel First name Dennis Middle name Crutcher Last name Suffix (Sr., Jr, II, III) First name Middle name Last name	Amber First name Nicole Middle name Crutcher Last name Suffix (Sr., Jr, II, III) Amber First name Nicole Middle name Monceaux Last name

(ITIN)

federal Individual Taxpayer Identification number

OR

9xx - xx - ___ __ __

OR

9xx - xx - ___ __ __

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Debtor 1 Debtor 2		Joel Amber	Dennis Crutcher Nicole Crutcher			Case number (if known)			
		First Name	Middle Name Last Name						
			About Debtor 1:	:		About Debtor 2 (Sp	pouse Only in a Joint	Case):	
4.	Any busines Employer Ide Numbers (El		☑I have not us	ed any business names o	r EINs.	☑I have not used	any business names	or EINs.	
	in the last 8 years Include trade names and doing business as names		Business name			Business name			
			Business name			Business name			
					_		- — — — —	_	
			 EIN		_				
5.	Where you li	ve				If Debtor 2 lives at	a different address:		
			1304 Augustine Number Str	e Ct reet		Number Street	·		
			College Station						
			City Brazos	State	ZIP Code	City	State	ZIP Code	
			County			County			
			If your mailing a fill it in here. No you at this mailin	address is different from the that the court will sending address.	the one above, any notices to	If Debtor 2's mailin it in here. Note that at this mailing address	ng address is different t the court will send ar ess.	t from yours, fill ny notices to you	
			Number Str	reet		Number Street	(
			P.O. Box			P.O. Box			
			City	State	ZIP Code	City	State	ZIP Code	
6.		choosing <i>this</i>	Check one:			Check one:			
	district to file for bankruptcy		Over the las have lived in district.	st 180 days before filing th n this district longer than in	is petition, I n any other	Over the last 1st have lived in the district.	80 days before filing the sist of the state	his petition, I in any other	
			I have anoth (See 28 U.S	ner reason. Explain. S.C. § 1408)		I have another (See 28 U.S.C.	reason. Explain. . § 1408)		

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Debt Debt			ennis icole	Crutcher Crutcher	Conn	number (f. l., ., ., .)
202	First N		iddle Name	Last Name	—— Case	number (if known)
Par	t 2: Tell the Cou	rt About Your	Bankruptcy C	ase		
7.	The chapter of the Code you are choo	sing to file B	ankruptcy (Form	brief description of each, see 2010)). Also, go to the top of p		S.C. § 342(b) for Individuals Filing for opriate box.
	under	<u>v</u>	n Onapici /			
			Chapter 11 Chapter 12			
			Chapter 13			
			4			
8.	How you will pay t	he fee 🐧	details about he check, or mon	now you may pay. Typically, if y	you are paying the fee you bmitting your payment on y	clerk's office in your local court for more rself, you may pay with cash, cashier's your behalf, your attorney may pay with
			I need to pay		choose this option, sign ar	nd attach the Application for Individuals
			· ·	,	•	ou are filing for Chapter 7. By law, a
		_	judge may, bu	t is not required to, waive your	fee, and may do so only if	f your income is less than 150% of the to pay the fee in installments). If you
			choose this or			er 7 Filing Fee Waived (Official Form
			100B) and me	it with your polition.		
9.	Have you filed for	hankruntev N	∕ I _{No.}			
3.	within the last 8 ye	arc?	Yes. District		When	Case number
			District_		MM / DD / YYY	
			District _		When	
			D :		MM / DD / YYY	
			District _		when MM / DD / YY\	Case numberYY
10.	Are any bankrupto	v cases	∕ INo.			
	pending or being f spouse who is not	ilad by a				Relationship to you
	case with you, or business partner,	oy a			When	
	affiliate?	or by an	_		MM / DD / YYYY	
			Debtor _			Relationship to you
			District _		When	Case number, if known
					MM / DD / YYYY	
			<u> </u>			
11.	Do you rent your r		Ĵ No. Go to lir ∡			
		Ŋ	•	r landlord obtained an eviction	judgment against you?	
			_	Go to line 12.	t on Eviation Instrument A	vainat Vau (Farm 404A) and £1 - '
				. Fill out <i>Initial Statement Abou</i> part of this bankruptcy petition.	ıı arı ⊑viction Judgment Ağ	gainst You (Form 101A) and file it

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Debtor 1 Joel Debtor 2 Amber		Dennis Nicole	Crutcher Crutcher		Case number (if known)				
	First Name		Middle Nam	ne Last Name		Case number (ii known)			
Par	t 3: Report	About Any Busin	iesses Yo	u Own as a Sole Proprieto	r				
12.		ole proprietor of	☑ No. G	o to Part 4.					
	any full- or p business?	part-time	☐ Yes. N	Name and location of business					
		operate as an	Name	of business, if any					
		partnership, or LLC.	Numbe	er Street					
		nore than one sole o, use a separate ach it to this							
	petition.		City		State	ZIP Code			
			Check the appropriate box to describe your business:						
			□н	ealth Care Business (as defined	I in 11 U.S.C. § 101(27A))			
			□s	ingle Asset Real Estate (as defin	ned in 11 U.S.C. § 101(5	51B))			
			☐ s	tockbroker (as defined in 11 U.S	i.C. § 101(53A))				
			Commodity Broker (as defined in 11 U.S.C. § 101(6))						
			□ N	one of the above					
13.	11 of the Ba and are you	g under Chapter nkruptcy Code, a small business debtor as defined . § 1182(1)?	proceed u debtor or y of operation	filing under Chapter 11, the country of the country	n set appropriate deadlin der Subchapter V, you m	es. If you indicate that you are nust attach your most recent b	e a small business alance sheet, statement		
		on of small business	☑ No.	I am not filing under Chapter	11.				
	debtor, see 11 U.S.C. § 101(51D).		☐ No.	I am filing under Chapter 11, Bankruptcy Code.	but I am NOT a small bu	isiness debtor according to the	e definition in the		
			☐ Yes.			ebtor according to the definition			
			☐ Yes.	I am filing under Chapter 11, Code, and I choose to procee	9	to the definition in § 1182(1) of Chapter 11.	of the Bankruptcy		

First Name Middle Name Last Name		
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate	e Attentio	n
14. Do you own or have any		
property that poses or is alleged to pose a threat of Yes. What is the hazard?		
imminent and identifiable hazard to public health or		
safety? Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed?		
For example, do you own perishable goods, or livestock		
that must be fed, or a building that needs urgent repairs?		
Where is the property?		
Number Street		
City	State	ZIP Code

Debtor 1 Joel Debtor 2 Amber First Name		Den Nico Midd		Crutcher Crutcher Last Name		Case number (if known)			
Part				efing About Credit Counseli	ng				
	Tell the court whether you have received a briefing about credit counseling.	Abou	it Debtor 1:		A	Abou	t Debtor 2 (Spouse Only in a Joint C	Case):	
	The law requires that you	You r	must check on	ne:	Y	You i	nust check one:		
	receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		ruptcy	√ 1	I received a briefing from an approv agency within the 180 days before I petition, and I received a certificate	filed this bankruptcy	
	choices. If you cannot do so, you are not eligible to file.			of the certificate and the payment plater of the certificate and the certifica	an, if any,		Attach a copy of the certificate and the that you developed with the agency.	ne payment plan, if any,	
	If you file anyway, the court can dismiss your case, you will lose whatever filing fee you		agency withir	riefing from an approved credit cou n the 180 days before I filed this banl do not have a certificate of completi	ruptcy		I received a briefing from an approv agency within the 180 days before I petition, but I do not have a certifica	filed this bankruptcy	
	paid, and your creditors can begin collection activities			rs after you file this bankruptcy petition copy of the certificate and payment pla			Within 14 days after you file this ban MUST file a copy of the certificate ar		
	again.		approved age during the 7 c	asked for credit counseling services ency, but was unable to obtain those days after I made my request, and ex es merit a 30-day temporary waiver o	services igent		I certify that I asked for credit couns approved agency, but was unable to during the 7 days after I made my re circumstances merit a 30-day tempor requirement.	o obtain those services equest, and exigent	
			attach a sepa obtain the brid you filed for b	0-day temporary waiver of the require rate sheet explaining what efforts you efing, why you were unable to obtain ankruptcy, and what exigent circumst to file this case.	made to t before		To ask for a 30-day temporary waive attach a separate sheet explaining w obtain the briefing, why you were una you filed for bankruptcy, and what ex required you to file this case.	hat efforts you made to able to obtain it before	
				ay be dismissed if the court is dissatis for not receiving a briefing before you			Your case may be dismissed if the c your reasons for not receiving a brie bankruptcy.		
			receive a brie You must file with a copy o	satisfied with your reasons, you mus sfing within 30 days after you file. a certificate from the approved ageno of the payment plan you developed, if your case may be dismissed.	cy, along		If the court is satisfied with your reas receive a briefing within 30 days afte You must file a certificate from the a with a copy of the payment plan you do not do so, your case may be disr	er you file. pproved agency, along developed, if any. If you	
				n of the 30-day deadline is granted or limited to a maximum of 15 days.	nly for		Any extension of the 30-day deadlin cause and is limited to a maximum of		
			I am not requ counseling be	ired to receive a briefing about credi ecause of:	t [I am not required to receive a briefir counseling because of:	ng about credit	
			☐ Incapac	ity. I have a mental illness or a ment deficiency that makes me incapa realizing or making rational decis about finances.	ble of		-	ness or a mental kes me incapable of g rational decisions	
			☐ Disabilit	My physical disability causes me unable to participate in a briefing person, by phone, or through the internet, even after I reasonably do so.	in :		unable to participa person, by phone,	<u> </u>	
			Active d	luty. I am currently on active military of a military combat zone.	luty in		Active duty. I am currently on a a military combat a		
			about credit of	e you are not required to receive a briccounseling, you must file a motion for eling with the court.	-		If you believe you are not required to about credit counseling, you must fil credit counseling with the court.		

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Debtor 1 Debtor 2		Joel Amber	Dennis Nicole	Crutcher Crutcher	Casa number (# Image)			
200	.0. 2	First Name	Middle Na		Case number (if known)			
Dan	A	Th O	1 6 D-	and the second second				
Par	t 6: Answ	er These Quest	ions for Re	porting Purposes				
16. What kind of debts do you have?		16a.	Are your debts primarily con "incurred by an individual prin of No. Go to line 16b. Yes. Go to line 17.	onsumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as imarily for a personal, family, or household purpose."				
					usiness debts? Business debts are debts that you incurred to obtain money at or through the operation of the business or investment.			
			16c.	State the type of debts you o	owe that are not consumer debts or business debts.			
17.	Do you est exempt pro and admini paid that fu	ing under Chapte imate that after a perty is excluded istrative expenses inds will be availa ition to unsecured	ny ☑ I s are able		chapter 7. Go to line 18. Ster 7. Do you estimate that after any exempt property is excluded and sees are paid that funds will be available to distribute to unsecured creditors?			
18.		creditors do you at you owe?	2	1-49	000			
19.	How much assets to b	do you estimate e worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million More than \$50 billion			
20.	How much liabilities to	do you estimate b be?	M	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$10 million \$50,000,001-\$100 million \$10,000,000,001-\$50 billion More than \$50 billion			
Par	t 7: Sign E	Below						
For	r you	If I h State If no have I req I und bank	ave chosen to es Code. I un attorney representations e obtained an uest relief in derstand mak kruptcy case of 3571.	o file under Chapter 7, I am a derstand the relief available of resents me and I did not pay d read the notice required by accordance with the chapter ing a false statement, conceasan result in fines up to \$250,	r of title 11, United States Code, specified in this petition. ealing property, or obtaining money or property by fraud in connection with a 0,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		7	'	ennis Crutcher	/s/ Amber Nicole Crutcher			
				s Crutcher, Debtor 1 in 11/23/2022	Amber Nicole Crutcher, Debtor 2 Executed on 11/23/2022			
				MM/ DD/ YYYY	MM/ DD/ YYYY			

Debtor 1 Debtor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher	Occasional Mark	
2 02.10. 2	First Name			Last Name	Case number (if known)
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		proceed under 0 each chapter for 11 U.S.C. § 342	Chapter 7, 11, 12, or 13 of r which the person is eligil (b) and, in a case in whicl	this petition, declare that I have informed the debtor(s) about eligibility to fittle 11, United States Code, and have explained the relief available under ble. I also certify that I have delivered to the debtor(s) the notice required by h § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry with the petition is incorrect.	
		X /s/ Reese	W. Baker of Attorney for Debtor	Date 11/23/2022 MM / DD / YYYY	
		Reese W. I			
		Baker & A			
		950 Echo I Number	Ln Ste 300 Street		
		Houston City		TX 77024-2824 State ZIP Code	
		Contact pho	one <u>(713) 869-9200</u>	Email address <u>courtdocs@bakerassociates.net</u>	
		<u>01587700</u> Bar number		TX State	

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Fill in this information	n to identify your case	and this filing:		
Debtor 1	_Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankı	ruptcy Court for the:		Southern District o	f Texas
Case number				

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

✓ No. Go to Part 2. ☐ Yes. Where is the property? Street address, if available, or other description	What is the property? Check all that apply. Single-family home		aims or exemptions. Put the aims on Schedule D: Creditors and by Property.
City State ZIP Code County	 □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other 	Current value of the entire property? Current value of the portion you own? Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item property identification number:	•	nmunity property

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Debtor Debtor		Dennis Nicole	Crutcher Crutcher	_ Case number (if known)	
	First Name	Middle Name	Last Name	,	
you ov	u own, lease, or have le wn that someone else dr	gal or equitable intere	st in any vehicles, whether they are regis		
	ars, vans, trucks, tracto No Yes	rs, sport utility venicle	s, motorcycles		
	1 Make:		Who has an interest in the property? Che	Do not acadot cocarca cian	
	Model:	wrangier	☑ Debtor 1 only ☐ Debtor 2 only	amount of any secured clain Who Have Claims Secured	ms on Schedule D: Creditors by Property.
	Year:	26 082	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and anothe		Current value of the portion you own?
	Approximate mileage: Other information: VIN: MW615292		Check if this is community property (see instructions)	\$35,600.00	\$35,600.00
-	ou own or have more that 2 Make: Model: Year: Approximate mileage: Other information: VIN: KN576863	Ram Rebel 2019 64,180	Who has an interest in the property? Che ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe ☐ Check if this is community property (see instructions)	amount of any secured clair Who Have Claims Secured Current value of the	ms on Schedule D: Creditors
E			her recreational vehicles, other vehicles, rcraft, fishing vessels, snowmobiles, moto		
			all of your entries from Part 2, including r here		\$73,400.00
Part :	3: Describe Your Pe	ersonal and Housel	nold Items		
Do yo	ou own or have any leg	al or equitable interest	in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	ousehold goods and fur	=			
Ex	<i>xamples:</i> Major appliand] No		nina, kitchenware		1
7	Yes Describe	See Attached.			\$3.840.00

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Debtor 1 Joel Crutcher Dennis Debtor 2 Amber **Nicole** Crutcher Case number (if known) _ First Name Middle Name Last Name 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No See Attached. \$1,190.00 Yes. Describe...... Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles Nο family pictures \$20.00 Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No camera \$200.00 Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment See Attached. \$1,500.00 ✓ Yes. Describe....... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories clothing, shoes \$450.00 Yes. Describe...... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, No See Attached. \$3,275.00 Yes. Describe...... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο dog \$10.00 ✓ Yes. Describe....... 14. Any other personal and household items you did not already list, including any health aids you did not list Yes. Describe...... Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$10,485.00

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Debtor 1 Debtor 2		Joel Dennis Crutcher Amber Nicole Crutcher First Name Middle Name Last Name				
Dar	t 4: Descr	ibe Your Finar	ocial Assots			
			equitable interest in a	ny of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Examples:				box, and on hand when you file your petition	<u>\$0.00</u>
17.	Examples:	Checking, saving and other similar			eposit; shares in credit unions, brokerage houses, the same institution, list each.	
			Institution name:			
	17.1. Saving	gs account:	JP Morgan Chas	se Bank xxxx3715		\$100.00
	17.2. Check	ing account:	JP Morgan Chas	se Bank xxxx6690		\$1,012.80
	17.3. Check	ing account:	JP Morgan Chas	se Bank xxxx03655		\$31.23
	17.4. Check	ing account:	Wells Fargo Ban	ık xxxx9029		\$1,084.01
18.	Examples: Variable No Ves	Bond funds, inve	olicly traded stocks estment accounts with b	orokerage firms, money	market accounts	
19.	an LLC, par	y traded stock a tnership, and joi		rated and unincorpora	ted businesses, including an interest in	
		e specific ion about				
	Name of en	tity:		9	6 of ownership:	
20.	Negotiable in Non-negotial Non-negotial No Yes. Given informations in the Non-negotial Non-negotial information in the Non-negotial information in the Non-negotiable in the	instruments includable instruments are specific ion about	de personal checks, cas		ple instruments ory notes, and money orders. gning or delivering them.	

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Debtor 1 Joel Crutcher Dennis Debtor 2 Amber **Nicole** Crutcher Case number (if known) -First Name Middle Name Last Name 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: 401K Plan through Employee Incentive Plans, Inc \$5,543.74 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No **₫** _{Yes....} Institution name or individual: Security deposit Security Deposit for Unit at 1304 Augustine Ct. - \$1,750.00 unknown on rental unit: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **√** No ☐ Yes..... Issuer name and description: Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **√** No Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific Owns guns information about them.... \$0.00 Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **√** No Yes. Give specific information about them....

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Debte Debte		Joel Ambor	Dennis Nicole	Crutcher Crutcher		
Debt	or 2	Amber First Name	Middle Name	Last Name	Case number (if known)	
27.	Licenses, f	ranchises, and other				
			xclusive licenses	, cooperative association holdings, liquo	r licenses,	
	✓ No					1
	Yes. Girinforma	ve specific tion about them				
Mone	ey or prope	rty owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refund	s owed to you				
	✓ No					
	th	ve specific informati em, including wheth	er you		Federal:	
		ready filed the returr e tax years	I		State:	
					Local:	
29.		-	um alimony, spo	usal support, child support, maintenance	e, divorce settlement, property settleme	nt
	✓ No □ Yes Gi	ve specific informati	on			
	— 103. O	ve specific informati	011		Alimony:	
					Maintenance:	
					Support: Divorce settlement:	
					Property settlement:	
					1 Topetty settlement.	
30.	Examples:		ability insurance	payments, disability benefits, sick pay, vans you made to someone else	acation pay, workers' compensation,	
	✓ No ☐ Yes. Gi	ve specific informati	on			1
		·				
31.	Examples:		r life insurance; h	nealth savings account (HSA); credit, hom	neowner's, or renter's insurance	
		ame the insurance c each policy and list		ompany name:	Beneficiary:	Surrender or refund value:
				lealth Insurance through Blue Cross Ilue shield		\$0.00
			L	ife Insurance Policy through Principal ife Insurance Company - Death Benefi 100,000 - No Cash Value		\$0.00

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Debto Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known).	
		First Name	Middle Name	Last Name		
			ı	Life Insurance Policy through Principal Life Insurance Company - Death Benefit 30,000 - No Cash Value		unknown
				Vehicle Insurance Policy through Progressive County Mutual		\$0.00
	If you are the property bed	e beneficiary of cause someone	a living trust, expedition has died.	someone who has died of proceeds from a life insurance policy, or	are currently entitled to receive	
	☐ Yes. Giv	e specific inforr	nation			
	_	-	-	ou have filed a lawsuit or made a demand	d for payment	
	•	Accidents, emp	loyment disputes, i	nsurance claims, or rights to sue		
	☑ No ☐ Yes. Des	scribe each clai	m			
	Other contir to set off cla		uidated claims of e	every nature, including counterclaims of	the debtor and rights	
	☑ No	scribe each clai				
	→ Yes. Des	scribe each ciai	m			
25	Any financia	al accate you d	id not already list			
		ai assets you u	id flot all eady fist			
	☑ No ☐ Yes. Giv	e specific inforr	nation			
			•	n Part 4, including any entries for pages y		\$7,771.78
	101 1 alt 4. 11	The trial right	or more			φ1,771.76
Part	5: Descri	be Any Busii	ness-Related Pr	operty You Own or Have an Intere	st In. List any real estate in Par	t 1.
		-	gal or equitable int	erest in any business-related property?		
	☑ No. Go to ☐ Yes. Go t					
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts re	ceivable or co	mmissions you alre	eady earned		
	☑ No	[
		cribe				

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Debtor 1 Joel Debtor 2 Ambe		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)
		First Name	Middle Name	Last Name	
39.	Examples:	pment, furnishing Business-related	• • • • • • • • • • • • • • • • • • • •	modems, printers, copiers, fa	ax machines, rugs, telephones, desks, chairs, electronic devices
40.	√ No	fixtures, equipments	ent, supplies you use i	in business, and tools of yo	ur trade
41.	Inventory No Yes. De	scribe			
42.	☑ No	partnerships or secribe	joint ventures	% of (ownership: %
43.	No Yes. Do			s le information (as defined ir	11 U.S.C. § 101(41A))?
44.	✓ No ☐ Yes. Gi	ess-related prope ve specific tion	rty you did not already	/ list	
				t 5, including any entries fo	r pages you have attached \$0.00
Part			and Commercial Fisterest in farmland, list		You Own or Have an Interest In.
46.		n or have any leg to Part 7.		t in any farm- or commercia	fishing-related property?
					Current value of the portion you own? Do not deduct secured claims or exemptions.

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Debt		Joel	Dennis	Crutcher		
Debt	or 2	Amber	Nicole	Crutcher	Case number (if known)	_
		First Name	Middle Name	Last Name		
47.	Farm anii	mals				
		: Livestock, poultry	, farm-raised fish			
	✓ No ☐ Yes					
48.	Crops—e	ither growing or h	arvested			
	√ No					
	Yes. G	Give specific nation				
49.	Farm and	l fishing equipment	, implements, machin	ery, fixtures, and tools of trade		
	✓ No	_				
	☐ Yes					
50.	Farm and	l fishing supplies, c	hemicals, and feed			
	√ No	_				
	Yes					
51.	Any farm	- and commercial fi	shing-related property	y you did not already list		
	√ No					
		Give specific nation				
5 0	A al al 4lb o a	Jellow volvo of all of	vevr entries from Don	t 6, including any entries for pa	was you have attached	_
JZ.					\$0.00	
	_					
Par	t /: Desc	cribe All Propert	y You Own or Hav	e an Interest in That You [DIG NOT LIST ADOVE	
53.	-		of any kind you did no			
	•	s: Season tickets, c	ountry club membersh	nip		
	✓ No ☐ Yes. G	Sive specific				
		nation				
54.	Add the c	iollar value of all of	your entries from Par	t 7. Write that number here	\$0.00	Ц
Par	t 8: List	the Totals of Ea	ch Part of this For	·m		
55.	Part 1: To	tal real estate, line	2		\$0.00	\neg
56.	Part 2: To	tal vehicles, line 5		<u>\$73,400.</u>	00	
57.	Part 3: To	tal personal and ho	ousehold items, line 1	5 <u>\$10,485.</u>	00	

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Debto Debto				Crutcher Crutcher		Case number (if kno	wn)
		First Name	Middle Name	Last Name			
58.	Part 4: Tota	l financial assets	s, line 36		\$7,771.78		
59.	Part 5: Tota	ıl business-relate	d property, line 45		\$0.00		
60.	Part 6: Tota	l farm- and fishir	ng-related property, line 52		\$0.00		
61.	Part 7: Tota	l other property	not listed, line 54	+	\$0.00		
62.	Total perso	nal property. Add	l lines 56 through 61		\$91,656.78	Copy personal property total→	+\$91,656.78
63.	Total of all	property on Sche	edule A/B. Add line 55 + line	62			\$91,656.78
63.	Total of all	property on Sche	edule A/B. Add line 55 + line	62			\$91,656

Debtor 1 Debtor 2

Joel	Dennis	Crutcher
Amber	Nicole	Crutcher
First Name	Middle Name	Last Name

Case number	(if known)	

SCHEDULE A/B: PROPERTY

Continuation Page

	Haveah ald was do and from takings		
6.	Household goods and furnishings sectional	\$1,000.0	20
	entertainment center	\$100.0	
	coffee table	\$50.0	
	end table (x2)	\$10.0	
	dining table	\$25.0	
	dishes, flatware	\$50.0	
	pots, pans, cookware	\$50.0	
	bed (x3)	\$2,100.0	
	dresser (x1), nightstand (x2)	\$25.0	
	lamps, accessories	\$30.0	
	lawnmower	·	
		\$200.0	
	yard, landscaping tools	\$100.0	
	small kitchen appliances	\$50.0	
	towels, drapes, linens	\$50.0	<u>)U</u>
7.	Electronics		
	video game system	\$200.0	00
	television (x3)	\$390.0	00
	cellphone (x2)	\$600.0	
			_
10.	Firearms		
	glock 26mm handgun \$500.00 glock 1 gen 4 handgun \$500.00 Owned by Crutcher Trust	\$1,000.0)0
	glock 17 gen 3 \$500 glock 43 \$350 Owned by Crutcher Trust	\$500.0)0
12.			
	wedding rings	\$3,000.0	
	jewelry	\$275.0	<u>)0</u>

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Fill in this informatio	n to identify your cas	se:					
Debtor 1	Joel First Name	Dennis Middle Name	Crutcher e Last Name				
Debtor 2	Amber	Nicole	Crutcher				
(Spouse, if filing)	First Name	Middle Name					
United States Bank	kruptcy Court for the		Southern District of	of Texas			
	auptoy Court for the					☐ Check i	if this is an
Case number (if known)						amende	
Official Form	n 106C						
Schedule	C: The Pro	operty \	You Claim a	as Exempt			04/22
mount as exempt. A some exemptions— lowever, if you claim roperty is determined Part 1: Identify Which set of example of the set of example o	Alternatively, you may such as those for his an exemption of 1 ed to exceed that are the Property You exemptions are you coming state and fede iming federal exemptions.	ay claim the full ealth aids, righ 100% of fair mar nount, your executions as Exclaiming? Check ral nonbankrupt tions. 11 U.S.C.	k one only, even if you	ne property being exe enefits, and tax-exem that limits the exempt ted to the applicable s r spouse is filing with y .C. § 522(b)(3)	mpted up to the am pt retirement funds ion to a particular o statutory amount.	ount of any applica s—may be unlimite	able statutory limit. ed in dollar amount.
Brief description of Schedule A/B that li	the property and lir ists this property	р	current value of the ortion you own	Amount of the exem		·	at allow exemption
			copy the value from Schedule A/B	Check only one box	tor eacn exemption.		
Brief description:				5 \$700		44 11 0 0 0 500/	1) (0)
sectional			\$1,000.00		0.00	11 U.S.C. § 522(c	1)(3)
Line from				□ 100% of fair man to any applicable			
Schedule A/B:	6			-		-	
				\$30	0.00	11 U.S.C. § 522(d	d)(5)
				☐ 100% of fair mar to any applicable	′ '		
Brief description:				√ \$100		44 11 0 0 6 500/	1) (0)
entertainment cente	er		\$100.00		0.00	11 U.S.C. § 522(c	1)(3)
Line from Schedule A/B:	6			□ 100% of fair mar to any applicable			
•	ng a homestead execusions	•	rs after that for cases f	iled on or after the date	,		

☐ No☐ Yes

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Crutcher

Debtor 2	<u>Amber</u>	Nicole	Crutcher	Case number	Case number (if known)		
	First Name	Middle Name	Last Name				
Part 2: Additi	onal Page						
Brief description Schedule A/B that	Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
			Copy the value from Schedule A/B	Check only one box for each exemption.			
Brief description:				✓ \$50.00	44 11 0 0 0 5 500(4)(0)		
coffee table			\$50.00		11 U.S.C. § 522(d)(3)		
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:				√ \$10.00			
end table (x2)			\$10.00	— 	11 U.S.C. § 522(d)(3)		
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:				- 6			
dining table			\$25.00	\$25.00	11 U.S.C. § 522(d)(3)		
Line from				☐ 100% of fair market value, up to any applicable statutory limit			
Schedule A/B:	6			to any applicable statutery limit			
Brief description:				_ 6			
dishes, flatware			\$50.00	\$50.00	11 U.S.C. § 522(d)(3)		
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:				□6			
pots, pans, cook	ware		\$50.00	\$50.00	11 U.S.C. § 522(d)(3)		
Line from				☐ 100% of fair market value, up to any applicable statutory limit			
Schedule A/B:	6			to any approache statutery mini			
Brief description:				\$700.00			
bed (x3)			\$2,100.00	Ψισσ.σσ	11 U.S.C. § 522(d)(3)		
Line from				☐ 100% of fair market value, up to any applicable statutory limit			
Schedule A/B:	6						
				\$1,400.00	11 U.S.C. § 522(d)(5)		
				100% of fair market value, up			
				to any applicable statutory limit			
Brief description:				√ \$25.00	44.11.0.0.0.500(1)(0)		
dresser (x1), nig	htstand (x2)		\$25.00	Ψ20.00	11 U.S.C. § 522(d)(3)		
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:				√ \$30.00	4444 O O O TOO (N (T)		
lamps, accessor			\$30.00		11 U.S.C. § 522(d)(3)		
Line from Schedule A/B:	6			☐ 100% of fair market value, up to any applicable statutory limit			

Joel

Dennis

Debtor 1

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Crutcher

Debtor 2 Amber Nicole First Name Middle Name		Crutcher Last Name	Case number (if known)			
	First Name	Middle Name	Last Name			
Part 2: Addi	tional Page					
Brief description of the property and line on Schedule A/B that lists this property		and line on erty	Current value of the portion you own	Am	nount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Ch	eck only one box for each exemption.	
Brief descriptio	n:			√	\$200.00	11 U.S.C. § 522(d)(3)
lawnmower			\$200.00	$\overline{\Box}$	100% of fair market value, up	11 0.0.0. 3 022(d)(0)
Line from Schedule A/B:	6				to any applicable statutory limit	
Brief descriptio			# 400.00	√	\$100.00	11 U.S.C. § 522(d)(3)
yard, landscap	ing tools		\$100.00		100% of fair market value, up	
Line from Schedule A/B:	6				to any applicable statutory limit	
Brief descriptio	n:			₹	\$50.00	11 U.S.C. § 522(d)(3)
small kitchen a	appliances		\$50.00		100% of fair market value, up	11 0.0.0. 3 022(d)(0)
Line from Schedule A/B:	6				to any applicable statutory limit	
Brief descriptio	n:			√	\$50.00	11 U.S.C. § 522(d)(3)
towels, drapes	, linens		\$50.00		100% of fair market value, up	11 0.0.0. § 322(u)(0)
Line from Schedule A/B:	6				to any applicable statutory limit	
Brief descriptio	n:		# 000.00	√	\$390.00	11 U.S.C. § 522(d)(3)
television (x3)			\$390.00		100% of fair market value, up	
Line from Schedule A/B:	7				to any applicable statutory limit	
					\$0.00	11 U.S.C. § 522(d)(5)
					100% of fair market value, up to any applicable statutory limit	
Brief descriptio	n:			4	# 000.00	14.11.0.0. \$ 500(4)(2)
video game sy	stem		\$200.00		\$200.00 100% of fair market value, up	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7				to any applicable statutory limit	
Brief descriptio	n:			√	0000.00	44 11 0 0 0 5 500(4)(0)
cellphone (x2)			\$600.00		\$600.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:				_	100% of fair market value, up to any applicable statutory limit	

Debtor 1

Joel

Dennis

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Crutcher

Debioi 2	Amber	Nicole	Crutcher		Case numl	oer (if known)
	First Name	Middle Name	Last Name			,
Part 2: Additi	ional Page					
	of the property a		Current value of the portion you own	Am	nount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Ch	eck only one box for each exemption	
Brief description:			000.00	√	\$20.00	11 U.S.C. § 522(d)(3)
family pictures Line from			\$20.00		100% of fair market value, up to any applicable statutory limit	
Schedule A/B:	8			√	\$0.00	11 U.S.C. § 522(d)(5)
					100% of fair market value, up to any applicable statutory limit	
Brief description:	:		¢200.00	Ą	\$200.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	9		\$200.00		100% of fair market value, up to any applicable statutory limit	
Brief description:		ock 1 gap 4	\$1,000.00	A	\$1,000.00	11 U.S.C. § 522(d)(5)
glock 26mm handgun \$500.00 glock 1 gen 4 handgun \$500.00 Owned by Crutcher Trust		φ1,000.00		100% of fair market value, up to any applicable statutory limit		
Line from Schedule A/B:	10					
Brief description:		0 Owned by	\$500.00		\$1,000.00	11 U.S.C. § 522(d)(5)
Crutcher Trust	\$500 glock 43 \$35	O Owned by	ψ300.00		100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	10					
Brief description: clothing, shoes	:		\$450.00	√	\$450.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11		φ+00.00		100% of fair market value, up to any applicable statutory limit	
Brief description:			# 0.000.00	√	\$3,000.00	11 U.S.C. § 522(d)(4)
wedding rings Line from Schedule A/B:	12		\$3,000.00		100% of fair market value, up to any applicable statutory limit	
Brief description:			4075 - 2	√	\$275.00	11 U.S.C. § 522(d)(4)
jewelry Line from Schedule A/B:	12		\$275.00		100% of fair market value, up to any applicable statutory limit	

Debtor 1

Joel

Dennis

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Crutcher

Debtor 2 Amber Nicole Crutcher Case number		er (if known)				
	First Name	Middle Name	Last Name			•
Dort 2. Add	litional Daga					
Part 2: Add	litional Page					
	ion of the property a that lists this prope		Current value of the portion you own	Am	nount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Ch	eck only one box for each exemption.	
Brief description	on:			₫	\$10.00	11 11 5 C & E22(d)(2)
dog			\$10.00		Ψ10.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	13			_	100% of fair market value, up to any applicable statutory limit	
Brief description	on:			√	\$1.012.80	11 U.S.C. § 522(d)(5)
JP Morgan Ch Checking accou	hase Bank xxxx6690	1	\$1,012.80	_	100% of fair market value, up	11 0.0.0. 3 022(d)(0)
	ш				to any applicable statutory limit	
Line from Schedule A/B:	17					
Brief description	on:			₫	\$31.23	11 U.S.C. § 522(d)(5)
	hase Bank xxxx0365	5	\$31.23		100% of fair market value, up	11 0.5.C. § 522(u)(5)
Checking accou	ınt			_	to any applicable statutory limit	
Line from Schedule A/B:	17					
Brief description	on:			₫	# 400.00	44 11 5 C 5 E22(4)/E)
_	hase Bank xxxx3715	i	\$100.00		\$100.00 100% of fair market value, up	11 U.S.C. § 522(d)(5)
Savings accoun	nt			_	to any applicable statutory limit	
Line from Schedule A/B:	17					
Brief description	on:			√		
Wells Fargo E	Bank xxxx9029		\$1,084.01	Y	\$1,084.01	11 U.S.C. § 522(d)(5)
Checking accou	ınt				100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	17				to any approadio otatatory mine	
Brief description	on:			√	A. - 10 - 1	44 11 0 0 0 5 500(/1)(40)
401K Plan thr	ough Employee Ince	entive Plans, Inc	\$5,543.74	 A	Ψο,ο το.: τ	11 U.S.C. § 522(d)(12)
Line from					100% of fair market value, up to any applicable statutory limit	
Schedule A/B:	21				application of attacking minit	

Debtor 1

Joel

Dennis

Fill i	in this information to	o identify your case:					
De	btor 1	Joel First Name	Dennis Middle Name	Crutcher Last Name			
	btor 2 bouse, if filing)	Amber First Name	Nicole Middle Name	Crutcher Last Name			
Un	ited States Bankru	otcy Court for the:		Southern District of Texas			
-	se number known)					Check if amended	
Off	icial Form	106D			_		
Sc	hedule D	: Creditors	s Who H	Have Claims Secure	d by Prope	erty	12/15
space case I. Do	e is needed, copy to number (if known) any creditors have No. Check this bo	the Additional Page, e claims secured by	fill it out, numl	eople are filing together, both are equally ber the entries, and attach it to this form. ? vith your other schedules. You have nothing	On the top of any ad	dditional pages, wri	
Par	t 1: List All Sed	cured Claims					
2.	separately for each	n claim. If more than	one creditor ha	e secured claim, list the creditor s a particular claim, list the other s in alphabetical order according to the	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	IBEW Federal Cre	edit Union	Describe	the property that secures the claim:	\$41,857.00	\$37,800.00	\$4,057.00
	Creditor's Name 3805 W Cardinal I Number Stree Beaumont, TX 77	t 705	As of the	nm Rebel date you file, the claim is: Check all that			
	City Who owes the dek	State ZIP Code	— apply. □ Contin	gent			
	Debtor 1 only	M: Check one.	_ ☐ Unliqu				
	Debtor 2 only		☐ Disput	ed			
	Debtor 1 and D	-	_	lien. Check all that apply.			
	At least one of another	the debtors and		reement you made (such as mortgage ured car loan)			
	Check if this cl community del		☐ Statuto	ory lien (such as tax lien, mechanic's			

Date debt was incurred

2/1/2022

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

 \Box Other (including a right to offset)

Last 4 digits of account number 7 4 4 6

\$41,857.00

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Debtor 1 Debtor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher		Case numb	er (if known)			
	First Name	Middle Name	Last Name						
Part 1:	Additional Page After listing any e 2.3, followed by 2		this page, number them beginning with forth.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2 IBEW Federal Credit Union Creditor's Name 3805 W Cardinal Dr Number Street Beaumont, TX 77705 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 3/1/2022		As of the apply. As of the apply. Con: Unlie Disp Nature An a or se to a Unlie Othe	quidated	neck all that s mortgage echanic's	\$48.191.00	\$35,600.00	\$12.591.00		
Add the	dollar value of your	entries in Column A o	n this page. Write that numb	er here:	\$48,19	91.00			
If this is here:	the last page of your	form, add the dollar	value totals from all pages. \	Write that numb	er \$90,04	8.00			

	Case 22-3	3489 Docun	nent 1 Filed in TXSB on 11/23	3/22 Pa	ge 27	of 106		
Fill in this information	n to identify your ca	se:						
Debtor 1	Joel	Dennis	Crutcher					
	First Name	Middle Name	Last Name					
Debtor 2	Amber	Nicole	Crutcher					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bank	kruptcy Court for the	:	Southern District of Texas					
Case number (if known)							if this is an ed filing	
Official Form								
<u>Schedule</u>	<u>E/F: Credi</u>	<u>tors Who</u>	Have Unsecured Clair	ms			12	2/15
✓ No. Go to F ☐ Yes. 2. List all of your claim listed, ide amounts. As m fill out the Cont	rs have priority unsert 2. priority unsecured entify what type of clauch as possible, list inuation Page of Pa	ecured claims agai claims. If a creditor aim it is. If a claim h the claims in alphab t 1. If more than on	has more than one priority unsecured claim, li as both priority and nonpriority amounts, list th betical order according to the creditor's name. I e creditor holds a particular claim, list the othe	at claim here f you have m r creditors in	and sho	ow both priori	ty and nonpriority	
(For an explana	ation of each type of	ciaim, see the instr	uctions for this form in the instruction booklet.)		Total claim	Priority amount	Nonpriority amount	
					J.amil	amount	amount	
Priority Creditor	r's Name		Last 4 digits of account number When was the debt incurred?	<u> </u>				_
Number	Street		As of the date you file, the claim is: Check apply. Contingent	all that				
Debtor 1 Debtor 2 Debtor 1	•	ne.	☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe government	the				
☐ Check if	this claim is for a co	mmunity debt	☐ Claims for death or person injury while y	you				

Is the claim subject to offset?
☐ No

Yes

Claims for death or person injury while you were intoxicated
Other. Specify

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Debtor 1 Debtor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)
	First Name	Middle Name	Last Name	, ,
Part 2: Lis	t All of Your NON	IPRIORITY Unsecu	red Claims	
-		riority unsecured clain		
	You have nothing to	report in this part. Subr	nit this form to the court with y	our other schedules.
⊻ Yes.				
				ditor who holds each claim. If a creditor has more than one nonpriority dentify what type of claim it is. Do not list claims already included in Part
1. If more	e than one creditor h			B. If you have more than three nonpriority unsecured claims fill out the
Continua	tion Page of Part 2.			
				Total claim
4.1 AAFE			Last 4 digits of	f account number 6183 \$0.00
•	rity Creditor's Name		When was the	debt incurred? <u>07/01/2009</u>
P.O. B Number	ox 4692 Street			you file, the claim is: Check all that apply.
	Stream, IL 60197-4	692	☐ Continger	
City		State ZIP Code	Unliquidat	ed
, .	curred the debt? Ch	neck one.	Disputed	
_	btor 1 only		<u></u> '	RIORITY unsecured claim:
	btor 2 only		Student lo	
_	btor 1 and Debtor 2	•	Obligation	s arising out of a separation agreement or at you did not report as priority claims
	least one of the debt			ension or profit-sharing plans, and other
		or a community debt	similar de ☑ Other Sp	
Is the d ✓ No	claim subject to offs	et?	⊻ Other. Sp ChargeA d	
☐ Ye:				
				f 2000 unt number ABVI \$2,083.00
4.2 Affirm	rity Creditor's Name			account number Abai
•	Bankruptcy			debt incurred? <u>05/01/2022</u>
PO Bo	•		As of the date Continger	you file, the claim is: Check all that apply.
Number			Unliquidat	
	rancisco, CA 94104		Disputed	ou
City	curred the debt? Ch			RIORITY unsecured claim:
	btor 1 only	ieck one.	Student lo	
_	btor 2 only			s arising out of a separation agreement or
_	btor 1 and Debtor 2	only	divorce th	at you did not report as priority claims
	least one of the debt	•	☐ Debts to p similar de	ension or profit-sharing plans, and other
☐ Ch	eck if this claim is f	or a community debt	✓ Other. Sp	
	laim subject to offs	et?	Unsecure	
☑ No	1			
☐ Ye	S			
4.3 Ameri	can Anesthesiolog	y of Texas	Last 4 digits of	f account number 1098\$216.48_
Nonprio	rity Creditor's Name		When was the	debt incurred? <u>08/16/2021</u>
PO Bo	ox 88087 Street		As of the date	you file, the claim is: Check all that apply.
	go, IL 60680-1087		Continger	t
City	3-, 10000 1001	State ZIP Code	Unliquidat	ed
,	curred the debt? Ch	neck one.	☐ Disputed	
_	btor 1 only			RIORITY unsecured claim:
	btor 2 only		Student lo	
_	btor 1 and Debtor 2	•	Obligation	s arising out of a separation agreement or at you did not report as priority claims
	least one of the debt			ension or profit-sharing plans, and other
		or a community debt	similar de	ots
Is the d ✓ No	claim subject to offs	et?	Other. Spi medical b	

☐ Yes

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		0		
Dobte		First Name	Middle Name	Last Name		(;	ase number (if known) —	
Part	2. Your	NONPRIORITY	/ Unsecured Claims	- Continuatio	n Page			
			page, number them be			d so forth.		Total claim
4.4	AmeriCr	edit/GM Financi	al	Lá	ast 4 digits of accou	unt number 7400		\$0.00
		Creditor's Name			hen was the debt ir		1/2014	
	Attn: Ba	nkruptcy			s of the date you file			
	PO Box	183593		_	Contingent	e, the claim is.	neek all that apply.	
	Number	Street		_				
		n, TX 76096	01-1- 710 0-1-		Unliquidated			
	City	ر دخطمام مطخام	State ZIP Code		Disputed			
		irred the debt? C	neck one.	_	pe of NONPRIORIT	TY unsecured cla	im:	
	_	or 1 only		_	Student loans			
		or 2 only		_	Obligations arisin divorce that you o	g out of a separa	tion agreement or	
	-4	or 1 and Debtor 2	•		Debts to pension		•	
		ast one of the deb	tors and another	_	similar debts	or pront-snanng p	Diaris, and other	
	☑ Chec	k if this claim is t	for a community debt	₹	Other. Specify			
		im subject to offs	set?		Automobile			
	☑ No							
	☐ Yes							
4.5	BioRefe	rence Laboratori	ies	La	ast 4 digits of accou	unt number 2203	}	\$1,099.31
	Nonpriority	Creditor's Name		w	hen was the debt ir	ncurred? 03/3	1/2022	
	PO Box				s of the date you file			
	Number	Street		_	Contingent	.,		
	New Yor	k, NY 10087	State ZIP Code		Unliquidated			
	•	rred the debt? C		_	Disputed			
	_	or 1 only			·		·	
	_	or 2 only		_	rpe of NONPRIORIT Student loans	i i unsecured cia	IIII:	
	_	or 1 and Debtor 2	only					
			•	_	Obligations arisin divorce that you o			
		ast one of the deb			Debts to pension		•	
			for a community debt		similar debts	31		
	Is the cla	im subject to offs	set?	V	Other. Opcomy			
	_				medical bill			
	☐ Yes							•
4.6		rence Laborator	ies	La	ast 4 digits of accou	unt number <u>2208</u>	<u> </u>	<u>\$97.60</u>
		Creditor's Name		w	hen was the debt ir	ncurred? <u>08/29</u>	9/2022	
	Number	1259 Dept 15729 Street	<u> </u>	A:	s of the date you file	e, the claim is: C	heck all that apply.	
	Oaks, PA				Contingent			
	City		State ZIP Code		Unliquidated			
	Who incu	rred the debt? C	heck one.		Disputed			
	Debte	or 1 only		Ty	pe of NONPRIORIT	Y unsecured cla	im:	
	☑ Debtor 2 only			Student loans				
	Debtor 1 and Debtor 2 only			Obligations arisin	g out of a separa	tion agreement or		
	At least one of the debtors and another		_	divorce that you o	riority claims			
	☐ Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other				
	Is the claim subject to offset?		V	similar debts ☑ Other Specify				
	√ No	-		<u>~</u>	Other. Specify medical bill			
	☐ Yes							

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Debtor 1 Debtor 2	Debtor 2 Amber Nicole Crut		Crutcher Crutcher	Case number (if known)	
Part 2: You			Last Name - Continuation Page		
After listing	any entries on this p	page, number them beg	ginning with 4.5, followed by 4	I.6, and so forth.	Total claim
Nonprior PO Bo Number Dallas City Who in De De Dallas City No in N	Nonpriority Creditor's Name PO Box 203294 Number Street Dallas, TX 75320 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?			debt incurred? 05/03/2022 you file, the claim is: Check all that apply. d RIORITY unsecured claim: arising out of a separation agreement or tyou did not report as priority claims ension or profit-sharing plans, and other is	\$37.20
Nonprior 2436 F Number Fort W City Who in De At Ch Is the c	worth, TX 76118-775 curred the debt? Chaptor 1 only btor 2 only btor 1 and Debtor 2 of least one of the debt eck if this claim is for claim subject to offsor	State ZIP Code neck one.	When was the contingent As of the date y Contingent Unliquidate Disputed Type of NONPR Student loa Obligations divorce that Debts to pe similar debt Other. Spec	d RIORITY unsecured claim: arising out of a separation agreement or tyou did not report as priority claims ension or profit-sharing plans, and other ts	\$0.00

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		One and the second					
Dobto		First Name	Middle Name	Last Name		Case number (if know	n)				
Part :	2. Vour I	NONDDIODITA	/ Unsecured Claims	Continuation	n Dago						
rait.	2. Tour 1	TIONI RIORII	- Onsecured Claims	3 - CONTINUATION	- I age						
After	listing any	y entries on this	page, number them be	eginning with 4.5,	followed by 4.6, and s	o forth.	Total claim				
4.9	Bryan R	adiology Assoc	iation	La	ast 4 digits of account	\$47.97					
	Nonpriority	Creditor's Name		w	hen was the debt incu	urred? 07/01/2022					
	PO Box			A:	s of the date vou file.	the claim is: Check all that apply.					
	Number	Street			Contingent	, , , , , , , , , , , , , , , , , , , ,					
	Bryan, T	X 77805	State ZIP Code		1 Unliquidated						
	•	rred the debt?			Disputed						
		or 1 only			·	aaaad alaim.					
	,	or 2 only			Type of NONPRIORITY unsecured claim: Student loans						
	_	or 1 and Debtor 2) only)						
			•		Obligations arising of divorce that you did						
			otors and another		`	profit-sharing plans, and other					
			for a community debt	_	similar debts	promotion and promotion and a more					
	Is the clai	im subject to off	set?	V	Other. Opcomy						
	☐ Yes				medical bill						
	☐ Yes										
4.10	Capital C			La	ast 4 digits of account	number <u>5984</u>	<u>\$2,018.66</u>				
		Creditor's Name		w	hen was the debt incu	urred? <u>04/12/2022</u>					
	PO Box			A:	s of the date you file,	the claim is: Check all that apply.					
	Number Street Salt Lake City, UT 84131			Contingent							
	City	<u>c ony, or orror</u>	State ZIP Code		Unliquidated						
	Who incu	irred the debt?	Check one.		Disputed						
	☐ Debto	or 1 only			pe of NONPRIORITY	unsecured claim:					
	☑ Debto	or 2 only		-	Student loans						
	☐ Debto	or 1 and Debtor 2	2 only			out of a separation agreement or					
			otors and another		divorce that you did	not report as priority claims					
	_		for a community debt			profit-sharing plans, and other					
		im subject to off	•	¥	similar debts						
	✓ No	oabjoot to on		<u> </u>	Other. Specify credit card						
	☐ Yes				orcan cara						
							\$2,111.93				
4.11	Capital C	One Creditor's Name			ast 4 digits of account		Ψ2,111.93				
	PO Box				hen was the debt incu						
	Number	Street		A:	s of the date you file, t	the claim is: Check all that apply.					
	Salt Lake	e City, UT 31293	}		Contingent						
	City		State ZIP Code		Unliquidated						
	Who incu	irred the debt?	Check one.		Disputed						
		or 1 only		Ту	pe of NONPRIORITY	unsecured claim:					
	☑ Debtor 2 only			Student loans							
	☐ Debtor 1 and Debtor 2 only			Obligations another							
	At least one of the debtors and another		_	divorce that you did not report as priority claims							
	Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts							
	Is the claim subject to offset?			¥	Other. Specify						
	☑ No			_	credit card						
	□ Ves										

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Debtor											
Deptoi	2	First Name	Middle Name	Crutcher Last Name		. Case number (if known	1)				
Don't () / - · · · · N				D						
Part 2	2: Your i	NONPRIORIT	/ Unsecured Claims	s - Continuatio	n Page						
After	listing any	entries on this	page, number them be	eginning with 4.5,	followed by 4.6, and	so forth.	Total claim				
4.12	Capital C				ast 4 digits of accour	nt number <u>3745</u>	\$1,720.54				
	Nonpriority	Creditor's Name		v	When was the debt inc	curred? 02/15/2022					
	PO Box 3				As of the date you file,	, the claim is: Check all that apply.					
	Number	Street			☐ Contingent	, , ,					
	City	e City, UT 84130	State ZIP Code		☐ Unliquidated						
	,	rred the debt?	Check one.		Disputed						
	☑ Debto	or 1 only			Type of NONPRIORITY unsecured claim:						
	☐ Debto	or 2 only		_	Student loans						
	_	or 1 and Debtor 2	2 only	_	Obligations arising						
			otors and another		divorce that you di						
			for a community debt			or profit-sharing plans, and other					
		m subject to off	•	_	similar debts Other Specify						
	✓ No	in subject to on	301.	L.	Other. Specify credit card						
	☐ Yes				orcan cara						
440							\$583.00				
4.13	Capital C	One Creditor's Name			ast 4 digits of accour						
		oital One Dr			When was the debt inc						
	Number	Street		_	_	, the claim is: Check all that apply.					
		, VA 22102-3407			→ Contingent → Contingen						
	City		State ZIP Code	<u></u>	Unliquidated						
		rred the debt?	Check one.	Į.	Disputed						
	✓ Debto				ype of NONPRIORITY	/ unsecured claim:					
	_	or 2 only		Ĺ	Student loans						
	☐ Debto	or 1 and Debtor 2	2 only	Ļ	Obligations arising	out of a separation agreement or d not report as priority claims					
	_		otors and another		¬.	or profit-sharing plans, and other					
			for a community debt	•	similar debts	or profit-straining plans, and other					
		m subject to off	set?	5	✓ Other. Specify						
	☑ No				CreditCard						
	☐ Yes										
4.14	Capital C			L	ast 4 digits of accour	nt number <u>5669</u>	<u>\$577.00</u>				
	' '	Creditor's Name		V	When was the debt inc	curred? <u>12/01/2019</u>					
	1680 Cap	oital One Dr Street		<i>p</i>	As of the date you file,	, the claim is: Check all that apply.					
		, VA 22102-3407	7		Contingent						
	City	, 17. 22 102 0 101	State ZIP Code		Unliquidated						
	Who incu	rred the debt?	Check one.	Ţ	Disputed						
	☑ Debto	or 1 only		Т	ype of NONPRIORITY	/ unsecured claim:					
	Debtor 2 only		_	Student loans							
	Debtor 1 and Debtor 2 only		Ţ	Obligations arising							
	☐ At least one of the debtors and another		_	divorce that you did							
	☐ Checl	k if this claim is	for a community debt			or profit-sharing plans, and other					
	Is the claim subject to offset?			F	similar debts ☑ Other. Specify						
	√ No	-		•	CreditCard						
	□ Voc										

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher							
Debio		First Name	Middle Name	Last Name	_	Case number (if known)					
Dort 1	2. Vour N		Y Unsecured Claims		Dago						
Part 2	z. Your K	IONFRIORIT	1 Offsecured Claims	s - Continuation	raye						
After	listing any	entries on this	s page, number them be	ginning with 4.5, f	ollowed by 4.6, and so forth.		Total claim				
4.15	Capital O	ne		La	st 4 digits of account number 5	818	\$583.21				
	Nonpriority (Creditor's Name		WI	nen was the debt incurred? 07	7/04/2019					
	P.O. Box			——— As	of the date you file, the claim is	: Check all that apply.					
	Number	Street			Contingent	,					
	City	City, UT 8413	State ZIP Code		•						
	,	red the debt?		_	•						
	☑ Debtor 1 only				☐ Disputed						
	Debtor 2 only				oe of NONPRIORITY unsecured Student loans	ciaim:					
	_										
	Debtor 1 and Debtor 2 only				Obligations arising out of a sepa divorce that you did not report a						
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt				Debts to pension or profit-sharing						
	Is the claim subject to offset?				similar debts						
	is the claim subject to onset?				Other. Specify credit card						
	☐ Yes				Credit Card						
4.40							\$1,090.00				
4.16	Card Wor	rks Creditor's Name			st 4 digits of account number 8		Ψ1,000.00				
	P.O. Box			WI	en was the debt incurred? 04	4/01/2022					
	Number	Street			of the date you file, the claim is	: Check all that apply.					
	Old Beth	page, NY 1180	4-9001		Contingent						
	City		State ZIP Code		Unliquidated						
	Who incur	red the debt?	Check one.		Disputed						
	☑ Debto	r 1 only		Tv	be of NONPRIORITY unsecured	claim:					
	☐ Debto	r 2 only			Student loans						
	☐ Debtor	r 1 and Debtor	2 only		Obligations arising out of a sepa	aration agreement or					
	☐ At leas	st one of the de	ebtors and another		divorce that you did not report a	as priority claims					
			for a community debt		Debts to pension or profit-sharing	ng plans, and other					
		n subject to of	•	√	similar debts						
	✓ No			4 1	Other. Specify CreditCard						
	☐ Yes				O Calcoura						
4.17				1 -		470	\$4,464.00				
4.17	CBCS Nonpriority (Creditor's Name			st 4 digits of account number 4		, ,				
	P. O. Box					5/01/2022					
	Number	Street		_	of the date you file, the claim is	: Check all that apply.					
	Columbu	s, OH 43216			Contingent						
	City		State ZIP Code	u	Unliquidated						
		red the debt?	Check one.		Disputed						
		r 1 only		Ту	oe of NONPRIORITY unsecured	claim:					
	☑ Debto	r 2 only			Student loans						
	☐ Debto	r 1 and Debtor	2 only		Obligations another out of a sopt						
	☐ At leas	st one of the de	ebtors and another		divorce that you did not report a	• •					
	☐ Check	if this claim is	for a community debt	Ц	Debts to pension or profit-sharin	ng plans, and other					
	Is the claim subject to offset?				similar debts ☑ Other. Specify						
	√ No			_	MedicalDebt						
	☐ Yes										

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Debto Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)
		First Name	Middle Name	Last Name	0.000 (1.000)
Part	2: Your	NONPRIORITY	/ Unsecured Claims	- Continuation Pag	ie
After	r listing a	ny entries on this	page, number them beg	inning with 4.5, follow	red by 4.6, and so forth. Total claim
4.18		Card Services		Last 4 d	ligits of account number 6933 \$0.00
		y Creditor's Name		When v	vas the debt incurred? 11/20/2019
	Attn: B	ankruptcy		As of the	ne date you file, the claim is: Check all that apply.
	PO Box Number	x 15298 Street		Со	ntingent
		gton, DE 19850		☐ Un	iquidated
	City	gton, DE 19650	State ZIP Code	Dis	puted
	Who inc	urred the debt?	Check one.		NONPRIORITY unsecured claim:
	☐ Deb	tor 1 only			dent loans
	☑ Deb	tor 2 only			igations arising out of a separation agreement or
	☐ Deb	tor 1 and Debtor 2	2 only		orce that you did not report as priority claims
	_	east one of the del	•		ots to pension or profit-sharing plans, and other
			for a community debt	⊸ 6	ilar debts
		aim subject to off	•	— Ou	er. Specify editCard
	✓ No	ann cabjeet to en		S	
	☐ Yes				
					ligits of account number 7217 \$338.61
4.19		Joseph Health by Creditor's Name			inglis of account number 1217
	PO Box	•		When v	vas the debt incurred? 04/13/2022
	Number	Street			ne date you file, the claim is: Check all that apply.
	Belfast	, ME 04915		U Co	ntingent
	City		State ZIP Code	☐ Un	iquidated
	_	urred the debt?	Check one.	☐ Dis	puted
		tor 1 only		Type of	NONPRIORITY unsecured claim:
	☑ Deb	tor 2 only		☐ Stu	dent loans
	☐ Deb	tor 1 and Debtor 2	2 only	☐ Ob	igations arising out of a separation agreement or
	☐ At le	east one of the del	otors and another		orce that you did not report as priority claims
	☐ Che	ck if this claim is	for a community debt		ots to pension or profit-sharing plans, and other ilar debts
	Is the cl	aim subject to off	set?	⊸ 6	er. Specify
	☑ No				dical bill
	☐ Yes				
4.20	Chi St .	Joseph Regional	Health	Last 4 o	ligits of account number 2205 \$1,611.00
	Nonpriori	y Creditor's Name			vas the debt incurred? 11/16/2020
		anciscan Dr		As of the	ne date you file, the claim is: Check all that apply.
	Number	Street		_	ntingent
	Bryan, City	TX 77802	State ZIP Code		iquidated
	•	urred the debt?		Dis	·
	☑ Deb	tor 1 only			NONPRIORITY unsecured claim:
	_	tor 2 only		<u></u>	dent loans
	_	tor 1 and Debtor 2	2 only		
	_	east one of the del	•		igations arising out of a separation agreement or orce that you did not report as priority claims
	_				ots to pension or profit-sharing plans, and other
			for a community debt	sim	ilar debts
	Is the ci	aim subject to off	961 t		er. Specify dical bill
	☐ Yes			me	uicai biii

Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		Case number (if known)	
Part :	Your I	First Name	Middle Name Unsecured Claims	- Continuation Page			
				ginning with 4.5, followed by	4.6, and so forth.		Total claim
4.21	Clinical Nonpriority PO Box Number Austin, 1 City Who incu Debto Debto At lea Chec Is the clai	Pathology Labor Creditor's Name 141669 Street TX 79714 rred the debt? Cor 1 only or 2 only or 1 and Debtor 2 est one of the debte	State ZIP Code heck one. only stors and another for a community debt	Last 4 digits of When was the As of the date Contingen Unliquidat Disputed Type of NONP Student lo Obligation divorce the	of account number 29' e debt incurred? 04/ e you file, the claim is: 0 e debt incurred? e you file, the claim is: 0 e debt incurred? e you file, the claim is: 0 e debt incurred? e you file, the claim is: 0 e debt incurred? e you file, the claim is: 0 e debt incurred? e you file, the claim is: 0 e you file, th	10/2020 Check all that apply. laim: ration agreement or priority claims	\$276.75
4.22	Nonpriority Attn: Bar PO Box Number Columbit City Who incu Debto Debto At lea Chec	Street us, OH 43218 rred the debt? Cor 1 only or 2 only or 1 and Debtor 2 st one of the debt	only tors and another for a community debt	When was the As of the date Contingen Unliquidat Disputed Type of NONP Student lo Obligation divorce the	PRIORITY unsecured class arising out of a separat you did not report as pension or profit-sharing ots	Check all that apply. laim: ration agreement or priority claims	\$0.00
4.23	Comenite Nonpriority Attn: Bai PO Box Number Columbu City Who incu Debto Debto At lea	Street Is, OH 43218 rred the debt? Cor 1 only or 2 only or 1 and Debtor 2 ast one of the deb	State ZIP Code heck one. only tors and another for a community debt	When was the As of the date Contingen Unliquidat Disputed Type of NONP Student lo Obligation divorce the	e you file, the claim is: of the claim i	Check all that apply. laim: ration agreement or priority claims	\$0.00

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case num	nber (if known)	
		First Name	Middle Name	Last Name		,	
Part :	2: Your	NONPRIORITY	/ Unsecured Claims	- Continuation Pa	ge		
After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim							
4.24	Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy			Last 4	Last 4 digits of account number 5794 When was the debt incurred? 02/01/2013 As of the date you file, the claim is: Check all that apply.		
				When			
				As of			
	POB 18: Number	2125 Street		Co	ntingent		
		ous, OH 43218		☐ Ur	liquidated		
	City	,	State ZIP Code	Di	puted		
	Who inc	urred the debt?	Check one.	Туре	NONPRIORITY unsecured claim:		
	☐ Debt	tor 1 only		☐ St	ident loans		
	☑ Debt	tor 2 only			ligations arising out of a separation agr		
	☐ Debt	tor 1 and Debtor 2	2 only		orce that you did not report as priority of		
	☐ At le	ast one of the del	otors and another		bts to pension or profit-sharing plans, a nilar debts	nd other	
	☐ Chec	ck if this claim is	for a community debt	—	ner. Specify		
		aim subject to off	set?		argeAccount		
	☑ No						
	☐ Yes						
4.25	Comenity Bank/Zales Nonpriority Creditor's Name			Last 4	Last 4 digits of account number 8589		\$0.00
					When was the debt incurred? 01/01/2021		
	Attn: Ba	ankruptcy			ne date you file, the claim is: Check all	that apply	
	PO Box				ntingent	шасарру.	
	Number	Street			liquidated		
	Columb City	ous, OH 43218	State ZIP Code	Di			
	•	urred the debt?					
	_	tor 1 only	ones.	<u>.</u> .	NONPRIORITY unsecured claim:		
	_	tor 2 only			ligations arising out of a separation agr	coment or	
		tor 1 and Debtor 2	2 only		orce that you did not report as priority o		
			otors and another	☐ De	bts to pension or profit-sharing plans, a	nd other	
	-4		for a community debt	—	nilar debts		
		aim subject to off	•	0.	ner. Specify argeAccount		
	✓ No	ann subject to on	3011	O.	arge/1000am		
	☐ Yes						
400						\$0.	00
4.26		Collection Servic y Creditor's Name	es		digits of account number 7836	-	<u> </u>
		ells Avenue Suite	1		vas the debt incurred? 02/23/2018	_	
	Number	Street		_	ne date you file, the claim is: Check all	that apply.	
		Center, MA 024			ntingent		
	City		State ZIP Code		liquidated		
	_	urred the debt?	Check one.	☐ Di	puted		
	_	tor 1 only			NONPRIORITY unsecured claim:		
	_	tor 2 only			ident loans		
	Debt	tor 1 and Debtor 2	2 only	U OI	ligations arising out of a separation agr	eement or	
	-4		otors and another		orce that you did not report as priority on to bts to pension or profit-sharing plans, a		
			for a community debt		ots to pension or profit-snaring plans, a nilar debts	na ottici	
		aim subject to off	set?		ner. Specify		
	☑ No			Co	CollectionAttorney		
	☐ Yes						

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	Debtor 1 Joel Dennis Crutcher Debtor 2 Amber Nicole Crutcher									
	_	First Name	Middle Name	Last Name		Case number (if ki	10Wn)			
Part 2	2. Your N	NONDRIORITY	Y Unsecured Claims	s - Continuation	n Page					
r art z	10011	TOTAL TOTAL	T Onsecured Claims	3 Continuation	- Tuge					
After	listing any	entries on this	page, number them be	eginning with 4.5, f	followed by 4.6, and s	so forth.	Total claim			
4.27	Credit Co	ontrol Corporat	ion	La	ast 4 digits of account	t number 5896	\$0.00			
	Nonpriority	Creditor's Name			hen was the debt inc					
	PO Box 1					the claim is: Check all that app	nlv			
	Number	Street		_	Contingent	the olaim is. Oneok all that app	5iy.			
	Newport City	News, VA 2361	State ZIP Code							
	•	rred the debt?			☐ Unliquidated					
	☑ Debto		ono.		☐ Disputed					
		or 2 only			Type of NONPRIORITY unsecured claim: Student loans					
	Debtor 1 and Debtor 2 only									
	At least one of the debtors and another			_	Obligations anoling t	out of a separation agreement not report as priority claims	or			
	☐ Check if this claim is for a community debt				Debts to pension or	profit-sharing plans, and other	r			
	☐ Check if this claim is for a community debt Is the claim subject to offset?				similar debts					
	✓ No	in subject to on	Seri	✓	Outon Opcony					
	Yes				CollectionAttorney					
	u res						¢£47.00			
4.28	Credit O			La	ast 4 digits of account	t number <u>6923</u>	<u>\$547.08</u>			
	P.O. BOX	Creditor's Name		W	hen was the debt inco	urred? <u>09/16/2020</u>				
	Number	Street		As	s of the date you file,	the claim is: Check all that app	ply.			
	Las Vega	as, NV 89193			Contingent					
	City		State ZIP Code		Unliquidated					
	_	rred the debt?	Check one.		Disputed					
	☑ Debto	or 1 only		Ту	pe of NONPRIORITY	unsecured claim:				
	☐ Debto	or 2 only			Student loans					
	☐ Debto	or 1 and Debtor 2	2 only		Obligations arising of	out of a separation agreement	or			
	☐ At lea	st one of the del	otors and another		`	not report as priority claims				
	☐ Checl	k if this claim is	for a community debt		Debts to pension or similar debts	profit-sharing plans, and other	r			
		m subject to off	set?	✓						
	√ No				credit card					
	☐ Yes									
4.29	Credit O	ne Bank		La	ast 4 digits of account	t number 6923	\$545.97			
	Nonpriority	Creditor's Name			hen was the debt inc					
	P.O. Box			As	s of the date you file.	the claim is: Check all that app	olv.			
	Number	Street	40.0500		Contingent		•			
	City of In	dustry, CA 917	State ZIP Code							
	•	rred the debt?			Disputed					
	✓ Debto	or 1 only			pe of NONPRIORITY	unsecured claim:				
		or 2 only		_	Student loans	andoodiod oldiili.				
	_	or 1 and Debtor 2	2 only			out of a separation agreement	or			
			otors and another	_	divorce that you did	not report as priority claims	OI .			
	_ /		for a community debt			profit-sharing plans, and other	r			
		m subject to off	•	-	similar debts					
	✓ No	audject to off	361:	₹	Other. Specify CreditCard					
	U Vec				Sieuitodiu					

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		0	
20210	. –	First Name	Middle Name	Last Name		Case number (if known) —	
Part :	2: Your	NONPRIORIT	Y Unsecured Claims	s - Continuation	Page		
After	r listing an	y entries on this	page, number them be	eginning with 4.5, fo	ollowed by 4.6, and so fort	h.	Total claim
4.30	Credit C	one Bank		Las	st 4 digits of account num	ber 8146	\$603.00
		/ Creditor's Name			en was the debt incurred		
	P.O. Box	k 60508					
	Number	Street		_	Contingent	aim is: Check all that apply.	
		ndustry, CA 917			ğ		
	City		State ZIP Code	U	Unliquidated		
	_	urred the debt?	check one.	u	Disputed		
	☑ Debt	-		Тур	e of NONPRIORITY unsec	cured claim:	
	■ Debt	or 2 only			Student loans		
	☐ Debt	or 1 and Debtor 2	2 only			a separation agreement or	
	☐ At le	ast one of the del	btors and another		divorce that you did not re	• •	
	☐ Chec	k if this claim is	for a community debt		Debts to pension or profit similar debts	-sharing plans, and other	
	Is the cla	im subject to off	set?		Other. Specify		
	☑ No			_	CreditCard		
	☐ Yes						
404							\$615.22
4.31	Fingerh Nonpriority	ut / Creditor's Name			st 4 digits of account num	<u> </u>	Ψ010.22
	PO BOX			Wh	en was the debt incurred	? 10/01/2020	
	Number	Street		——— As	of the date you file, the cl	aim is: Check all that apply.	
	Philade	lphia, PA 19176			Contingent		
	City	•	State ZIP Code		Unliquidated		
	Who inc	urred the debt?	Check one.		Disputed		
	☑ Debt	or 1 only		Tvr	e of NONPRIORITY unse	cured claim:	
	☐ Debt	or 2 only			Student loans		
	☐ Debt	or 1 and Debtor 2	2 only		Obligations arising out of	a separation agreement or	
			btors and another		divorce that you did not re	eport as priority claims	
			for a community debt		Debts to pension or profit	-sharing plans, and other	
			•	- ⊀	similar debts		
	✓ No	im subject to off	361:	$\mathbf{\Delta}$	Other. Specify		
					ChargeAccount		
	☐ Yes						• • • • • • • •
4.32		ut Fetti/Webban	k	Las	st 4 digits of account num	ber 4073	<u>\$1,258.56</u>
		/ Creditor's Name		Wh	en was the debt incurred	? <u>04/01/2022</u>	
	Attn: Ba	ınkruptcy		As	of the date you file, the cl	aim is: Check all that apply.	
		dgewood Road		_	Contingent		
	Number	Street			Unliquidated		
	City	oud, MN 56303	State ZIP Code		Disputed		
	•	urred the debt?			•	oured eleim.	
	☑ Debt		one one.		oe of NONPRIORITY unsec	cured ciaim:	
		-			Student loans		
	_	or 2 only		u	Obligations arising out of divorce that you did not re	a separation agreement or	
	_	or 1 and Debtor 2	•		Debts to pension or profit	• •	
		ast one of the del	btors and another	_	similar debts	onaning plane, and other	
	☐ Chec	ck if this claim is	for a community debt	⊴	Other. Specify		
		im subject to off	set?		ChargeAccount		
	√ No						
	☐ Vec						

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher				
Debioi	1 2	First Name	Middle Name	Last Name		Case number (if kn	own)	
Dort 1	2. Vous N	IONIDDIODIT	V. I. Incoourad Claims	Continuatio	on F	0.00		
Part 2	2: Your iv	IONPRIORIT	Y Unsecured Claims	s - Continuatio	on F	age		
After	listing any	entries on this	s page, number them be	eginning with 4.5	i, fol	owed by 4.6, and so forth.		Total claim
4.33	Fortiva			I	Last	4 digits of account number 5641		\$1,118.00
	Nonpriority	Creditor's Name		1	Whe	n was the debt incurred? 08/01/2021		
	Po Box 1				As c	f the date you file, the claim is: Check all that app	oly.	
	Number	Street				Contingent	•	
	City	<u>3A 30348-5555</u>	State ZIP Code		_	Jnliquidated		
	Who incu	red the debt?	Check one.	[Disputed		
	☑ Debto	r 1 only				of NONPRIORITY unsecured claim:		
	_	r 2 only				Student loans		
	_	r 1 and Debtor	2 only		$\overline{}$	Obligations arising out of a separation agreement	or	
			ebtors and another			divorce that you did not report as priority claims	וכ	
			s for a community debt	[Debts to pension or profit-sharing plans, and other		
		m subject to of	•	r		similar debts		
	✓ No	iii subject to oi	1361:	Ç		Other. Specify CreditCard		
	☐ Yes					or editoria		
								¢500.00
4.34	Genesis	Financial Creditor's Name		I	Last	4 digits of account number 8994		<u>\$580.00</u>
	PO Box 3			1	Whe	n was the debt incurred? 01/01/2021		
	Number	Street			As c	f the date you file, the claim is: Check all that app	ıly.	
	Dallas, T	X 75380		[Contingent		
	City		State ZIP Code			Jnliquidated		
		red the debt?	Check one.	[Disputed		
	☑ Debto	r 1 only		7	Тур	of NONPRIORITY unsecured claim:		
	Debto	r 2 only		[Student loans		
	Debto	r 1 and Debtor	2 only	[Obligations arising out of a separation agreement	or	
	☐ At lea	st one of the de	ebtors and another	ſ		divorce that you did not report as priority claims		
	☐ Check	c if this claim is	for a community debt	l		Debts to pension or profit-sharing plans, and other similar debts		
		m subject to of	fset?		_	Other. Specify		
	☑ No					CreditCard		
	☐ Yes							
4.35	Harris Co	ounty Toll Road	ď		Lac	4 digits of account number 0122		\$39.25
4.00		Creditor's Name	<u>u</u>					
	PO Box 4	1440						
	Number	Street			_	f the date you file, the claim is: Check all that app	лу.	
		TX 77210	01.1		_	Contingent		
	City	rred the debt?	State ZIP Code	_	_	Jnliquidated		
			Check one.			Disputed		
	_	r 1 only			_	of NONPRIORITY unsecured claim:		
	,	r 2 only	0 1			Student loans		
		r 1 and Debtor	•	l		Obligations arising out of a separation agreement of divorce that you did not report as priority claims	or	
			ebtors and another	١		Debts to pension or profit-sharing plans, and other		
			for a community debt	·		similar debts		
		m subject to of	fset?	Ę		Other. Specify		
	☑ No					other		
	□ Vac							

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	O	
Dobio		First Name	Middle Name	Last Name	Case number	(if known)
Part 2	2: Your N	ONPRIORITY	Unsecured Claims	s - Continuation F	age	
After					owed by 4.6, and so forth.	Total claim
4.36		Medical Equip	oment	Last	4 digits of account number 4268	\$44.95
	Nonpriority C	Creditor's Name			n was the debt incurred? 06/05/2021	
	PO Box 8			——— As o	f the date you file, the claim is: Check all that	apply.
	Number	Street			Contingent	117
	City	hia, PA 19182-5	State ZIP Code		Jnliquidated	
	•	red the debt? C		_	Disputed	
	☐ Debtor				•	
	☑ Debtor	,			of NONPRIORITY unsecured claim: Student loans	
	_	1 and Debtor 2	2 only			
			otors and another		Obligations arising out of a separation agreem divorce that you did not report as priority claim:	
					Debts to pension or profit-sharing plans, and o	
		if this claim is n subject to offs	for a community debt	-	similar debts	
	✓ No	n subject to ons	Set?		Other. Specify	
	☐ Yes				nedical bill	
	☐ Yes					
4.37		ceening Assoc	ciates, LLC	Last	4 digits of account number 4776	<u>\$378.00</u>
		Creditor's Name		Whe	n was the debt incurred? 06/05/2021	
	Number	h Kennicott Av Street	/e	——— As o	f the date you file, the claim is: Check all that	apply.
		Heights, IL 600	004		Contingent	
	City	110191110, 12 00	State ZIP Code		Jnliquidated	
	Who incur	red the debt? C	check one.		Disputed	
	☐ Debtor	1 only			of NONPRIORITY unsecured claim:	
	☑ Debtor	2 only			Student loans	
	☐ Debtor	· 1 and Debtor 2	? only		Obligations arising out of a separation agreem	ent or
	☐ At leas	at one of the deb	otors and another		divorce that you did not report as priority claim	s
			for a community debt		Debts to pension or profit-sharing plans, and o	ther
		n subject to offs	•	⊸	similar debts	
	✓ No	ii subject to oii.	JUL .		Other. Specify nedical bill	
	☐ Yes				nedical bili	
						\$0.00
4.38	Nonpriority (Dreditor's Name			4 digits of account number 7424	
	3805 W Ca				n was the debt incurred? 04/01/2021	
	Number	Street		_	f the date you file, the claim is: Check all that	apply.
	Beaumon	t, TX 77705			Contingent	
	City		State ZIP Code		Jnliquidated	
	Who incur	red the debt? C	check one.		Disputed	
	■ Debtor	1 only		Туре	of NONPRIORITY unsecured claim:	
	☐ Debtor	2 only			Student loans	
	☑ Debtor	1 and Debtor 2	? only		Obligations arising out of a separation agreem	
	☐ At leas	st one of the deb	otors and another		livorce that you did not report as priority claim	
	☐ Check	if this claim is	for a community debt		Debts to pension or profit-sharing plans, and o similar debts	ther
	Is the clain	n subject to offs	set?	—	Other. Specify	
	☑ No				Automobile	
	☐ Yes					

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		Coop and the coop of	
20210	. –	First Name	Middle Name	Last Name		Case number (if	known)
Part :	2: Your I	NONPRIORITY	Y Unsecured Claims	- Continuation	n Page		
After	r listing any	y entries on this	page, number them be	ginning with 4.5,	followed by 4.6, and so t	forth.	Total claim
4.39	IBEW FC	ະບ		L	ast 4 digits of account n	umber 7435	\$0.00
	Nonpriority	Creditor's Name			When was the debt incurr		
	3805 W (Cardinal Dr				e claim is: Check all that a	nnly
	Number	Street		_	Contingent	c claim is. Oncor an that a	ppiy.
	Beaumo City	nt, TX 77705	State ZIP Code		_		
	,	rred the debt?		_			
		or 1 only	Sheck one.		Disputed		
	_	•		_	ype of NONPRIORITY un	nsecured claim:	
		or 2 only		L	■ Student loans ■ The student loans		
	✓ Debto	or 1 and Debtor 2	2 only			t of a separation agreemer ot report as priority claims	nt or
	☐ At lea	st one of the del	btors and another	Г	, ·		
	☐ Chec	k if this claim is	for a community debt	_	similar debts	rofit-sharing plans, and oth	ei
	_	m subject to off	set?	S	Other. Specify		
	☑ No				Automobile [*]		
	Yes						
4.40	IBEW FC	<u> </u>		ı	ast 4 digits of account n	umber 7457	\$0.00
		Creditor's Name			When was the debt incurr		
	3805 W (Cardinal Dr					annly.
	Number	Street		_	_	e claim is: Check all that a	рріу.
		nt, TX 77705	715.0.1		Contingent		
	City		State ZIP Code	_			
	_	rred the debt?	check one.		Disputed		
		or 1 only		<u>T</u>	ype of NONPRIORITY un	nsecured claim:	
		or 2 only			Student loans		
	✓ Debto	or 1 and Debtor 2	2 only		Obligations arising out	t of a separation agreemer	nt or
	At lea	ast one of the del	btors and another	Г	¬.	ot report as priority claims	
	☐ Chec	k if this claim is	for a community debt		 Debts to pension or pr similar debts 	rofit-sharing plans, and oth	er
		m subject to off	set?		Other. Specify		
	√ No				Automobile		
	☐ Yes						
4.41	IBEW FC	11			ast 4 digits of account n	umber 7/02	\$0.00
		Creditor's Name			When was the debt incurr		
	3805 W (Cardinal Dr					and to
	3805 W (Cardinal Dr		_	_	e claim is: Check all that a	рріу.
	Number	Street			Contingent		
		nt, TX 77705			Unliquidated		
	City		State ZIP Code		■ Disputed		
	_	rred the debt?	Check one.	T	ype of NONPRIORITY un	nsecured claim:	
	,	or 1 only			Student loans		
	☑ Debto	or 2 only				t of a separation agreemer	nt or
	☐ Debto	or 1 and Debtor 2	2 only	Г	¬.	ot report as priority claims	
	☐ At lea	ast one of the del	btors and another		Debts to pension or pr similar debts	rofit-sharing plans, and oth	er
	☐ Chec	k if this claim is	for a community debt	S			
	Is the clai	m subject to off	set?	_	Automobile		
	√ No						
	□ Voc						

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Debtor Debtor			loel Amber	Dennis Nicole	Crutcher Crutcher						
Debioi		-	irst Name	Middle Name	Last Name		_		Case number (if known	ı) ——	
Part 2	2.			Unsecured Claims			Dago				
rait 2	۷.	Toul NO	NEKIOKITI	Unsecured Claims	s - Continuati	1011					
After	listi	ing any er	ntries on this p	page, number them be	eginning with 4.	5, fc	llowed by 4.6, and se	o forth.			Total claim
4.42	IBI	EW FCU				Las	st 4 digits of account	number 7	413		\$0.00
	Non	priority Cre	ditor's Name			Wh	en was the debt incu	urred? 0	3/01/2019		
	_	<u>05 W Car</u> nber	dinal Dr Street			As	of the date you file, t	he claim is	: Check all that apply.		
						_	Contingent				
	City	aumont,	17//02	State ZIP Code			Unliquidated				
	Wh	o incurre	d the debt? Cl	neck one.			Disputed				
		Debtor 1	only				e of NONPRIORITY	uncocurad	claim:		
		Debtor 2	•				Student loans	unsecureu	Ciaiiii.		
	⊴		and Debtor 2	only							
				tors and another		_	divorce that you did		aration agreement or as priority claims		
	A						Debts to pension or				
				or a community debt		_	similar debts	•			
			subject to offs	et?		₹	Other. Specify				
							Automobile				
	_	Yes									
4.43			enue Service)		Las	st 4 digits of account	number			<u>unknown</u>
			ditor's Name			Wh	en was the debt incu	ırred?			
			Insolvency C	perations		As	of the date you file, t	he claim is	: Check all that apply.		
	_	Box 7340 nber	6 Street				Contingent				
			a, PA 19101-7	346			Unliquidated				
	City		a, I A 13101-1	State ZIP Code		\Box	Disputed				
	Wh	o incurre	d the debt? Cl	neck one.			e of NONPRIORITY	uncocurad	claim:		
		Debtor 1	only				Student loans	unsecureu	Ciaiiii.		
		Debtor 2	only			$\overline{\Box}$		ut of a con	aration agraement or		
	$ \sqrt{} $		and Debtor 2	only		_	divorce that you did	not report a	aration agreement or as priority claims		
	\Box			tors and another			Debts to pension or	•			
	<u>4</u>			or a community debt		_	similar debts				
	le fi		subject to offs	•		Ą	Other. Specify				
		No	subject to ons	c:							
		Yes									
_	_	165									¢544.07
4.44			Card Service ditor's Name	es		Las	st 4 digits of account	number <u>8</u>	994		<u>\$541.07</u>
		box 230				Wh	en was the debt incu	ırred? <u>1</u> 2	2/18/2020		
		nber	Street			As	of the date you file, t	he claim is	: Check all that apply.		
	Co	lumbus,	GA 31902				Contingent				
	City	•		State ZIP Code			Unliquidated				
			d the debt? Cl	neck one.			Disputed				
	$\mathbf{\Lambda}$	Debtor 1	only			Тур	e of NONPRIORITY	unsecured	claim:		
		Debtor 2	only				Student loans				
		Debtor 1	and Debtor 2	only			Obligations arising of	out of a sepa	aration agreement or		
		At least of	one of the deb	tors and another		_	divorce that you did	not report a	as priority claims		
		Check if	this claim is f	or a community debt		Ц	Debts to pension or similar debts	profit-sharii	ng plans, and other		
	ls ti		subject to offs	•		₫	Other. Specify				
		No				_	credit card				
		Yes									

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Debtoi Debtoi		Joel	Dennis Nicela	Crutcher			
Debtoi	7 2	Amber First Name	Nicole Middle Name	Crutcher Last Name		Case number (if known)	
Part 2	2: Your I	NONPRIORITY	Unsecured Claims	- Continuation F	age		
After	listing any	y entries on this	page, number them beg	inning with 4.5, fol	lowed by 4.6, and so forth.		Total claim
4.45	Macys/F			Last	4 digits of account number	er <u>3150</u>	\$0.00
		Creditor's Name		Whe	n was the debt incurred?	11/02/2013	
		nkruptcy		— As o	of the date you file, the clair	n is: Check all that apply.	
	Number	ke Boulevard Street			Contingent		
	Mason, (OH 45040			Unliquidated		
	City		State ZIP Code		Disputed		
	Who incu	rred the debt? C	heck one.	Тур	of NONPRIORITY unsecu	red claim:	
	☐ Debto	or 1 only			Student loans		
		or 2 only or 1 and Debtor 2	only		Obligations arising out of a divorce that you did not rep	separation agreement or ort as priority claims	
	_	ast one of the deb	•		Debts to pension or profit-sl	haring plans, and other	
	√ Chec	k if this claim is f	or a community debt	⊸ 6	Other. Specify		
		im subject to offs	set?		ChargeAccount		
	☑ No						
	☐ Yes						
4.46	Marine F	ederal Credit		Lasi	4 digits of account number	er <u>0001</u>	\$0.00
	Nonpriority	Creditor's Name		Whe	n was the debt incurred?	09/01/2008	
	Attn: Ba	nkruptcy		——— As c	of the date you file, the clair	n is: Check all that apply.	
	PO Box Number	1551 Street			Contingent		
		ville, NC 28541-	1551		Unliquidated		
	City	VIIIC, 110 200-1	State ZIP Code		Disputed		
	Who incu	rred the debt? C	heck one.	Тур	of NONPRIORITY unsecu	red claim:	
	☐ Debto	or 1 only			Student loans		
	☐ Debto	or 2 only			Obligations arising out of a	separation agreement or	
	☑ Debto	or 1 and Debtor 2	only		divorce that you did not repo	• •	
	☐ At lea	ast one of the deb	tors and another		Debts to pension or profit-sl similar debts	haring plans, and other	
	☐ Chec	k if this claim is f	or a community debt	−4	Other. Specify		
		im subject to offs	set?		Automobile [*]		
	☑ No						
	☐ Yes						
4.47	Merrick	Bank		Last	4 digits of account number	er_7425	\$1,007.78
	Nonpriority	Creditor's Name		Whe	n was the debt incurred?	08/01/2022	
	PO Box	660702 Street		As c	of the date you file, the clair	n is: Check all that apply.	
	Dallas, T				Contingent		
	City	X 13200	State ZIP Code		Unliquidated		
	Who incu	rred the debt? C	heck one.		Disputed		
	☑ Debto	or 1 only			of NONPRIORITY unsecu	red claim:	
	☐ Debto	or 2 only			Student loans		
	☐ Debto	or 1 and Debtor 2	only		Obligations arising out of a	separation agreement or	
	☐ At lea	ast one of the deb	tors and another		divorce that you did not rep	ort as priority claims	
	☐ Chec	k if this claim is f	or a community debt		Debts to pension or profit-sl similar debts	haring plans, and other	
		im subject to offs	set?	_	Other. Specify		
	☑ No				credit card		
	☐ Yes						

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Debto Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)	
		First Name	Middle Name	Last Name		
Part	2: Your	NONPRIORITY	Y Unsecured Claims	- Continuation	Page	
After	r listing a	ny entries on this	page, number them be	ginning with 4.5, f	ollowed by 4.6, and so forth.	Total claim
4.48		d Funding, LLC		La	st 4 digits of account number 1259	\$970.00
		ty Creditor's Name		W	nen was the debt incurred? 08/01/2017	
		ankruptcy		As	of the date you file, the claim is: Check all that apply.	
	Number	<u>¢ 939069</u> Street			Contingent	
	San Die	ego, CA 92193			Unliquidated	
	City	<u> </u>	State ZIP Code		Disputed	
		urred the debt?	Check one.	Ту	pe of NONPRIORITY unsecured claim:	
	☑ Deb	tor 1 only			Student loans	
	_	tor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	_	tor 1 and Debtor 2	•		Debts to pension or profit-sharing plans, and other	
		east one of the del			similar debts	
	☐ Che	ck if this claim is	for a community debt	\checkmark	Other. Specify	
		aim subject to off	set?		FactoringCompanyAccount	
	√ No					
	☐ Yes					
4.49	Northe	rn Leasing Syste	ms	La	st 4 digits of account number 9996	<u>\$3,102.31</u>
	Nonpriori	ty Creditor's Name		w	nen was the debt incurred? 02/15/2017	
	419E M Number	ain st Street		As	of the date you file, the claim is: Check all that apply.	
		ton, NY 10940			Contingent	
	City	.OII, NT 10940	State ZIP Code		Unliquidated	
	Who inc	urred the debt?	Check one.		·	
	☑ Deb	tor 1 only			pe of NONPRIORITY unsecured claim:	
	☐ Deb	tor 2 only		_	Student loans	
	☐ Deb	tor 1 and Debtor 2	2 only		Obligations arising out of a separation agreement or	
	☐ At le	east one of the del	btors and another	_	divorce that you did not report as priority claims	
	☐ Che	ck if this claim is	for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
		aim subject to off	set?	✓		
	☑ No				other	
	☐ Yes					
4.50	NTTA			La	st 4 digits of account number 4828	\$49.49
	Nonpriori	ty Creditor's Name		w	nen was the debt incurred? 03/19/2022	
	PO Box Number	x 660244 Street		As	of the date you file, the claim is: Check all that apply.	
					Contingent	
	City	TX 75266	State ZIP Code		Unliquidated	
	Who inc	urred the debt?	Check one.	_	Disputed	
	☑ Deb	tor 1 only			pe of NONPRIORITY unsecured claim:	
	_	tor 2 only			Student loans	
	_	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or	
		east one of the del	•		divorce that you did not report as priority claims	
	_		for a community debt		2 obto to porioier or promi orianing plane, and other	
		aim subject to off	•	V	similar debts	
	☑ No			₹.	Other. Specify other	
	☐ Yes					

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Debto Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		Case number (if known)	
		First Name	Middle Name	Last Name		Case Humber (# known) ——	
Part	2:	Your NONPRIORITY	Unsecured Claim	s - Continuatio	n Page		
After	r lis	ting any entries on this p	page, number them be	eginning with 4.5,	followed by 4.6, and so forth.		Total claim
4.51	c	neMain Financial		L	ast 4 digits of account number 7	590	\$0.00
		onpriority Creditor's Name			_	<u> </u>	
	<u>A</u>	ttn: Bankruptcy		A	s of the date you file, the claim is		
		O Box 3251		_	Contingent	a chicar an anat apply.	
		ımber Street			Unliquidated		
	<u>E</u> Ci	vansville, IN 47731	State ZIP Code		Disputed		
		ho incurred the debt? Ch			ype of NONPRIORITY unsecured	claim:	
			ioux one.	_	Student loans	Ciaiii.	
		-		_	Obligations arising out of a sep	aration agreement or	
	▼	,	only	_	divorce that you did not report		
	_	At least one of the debt	•		Debts to pension or profit-shari	ng plans, and other	
	_	Check if this claim is for		_	similar debts		
	_ Ic	the claim subject to offs	•	5	Other. Specify Secured		
	√	. •	etr		Secured		
		l Yes					
	_	i res					¢4 724 00
4.52		ortfolio Recovery Asso onpriority Creditor's Name	ciates, LLC	L	ast 4 digits of account number 3	745	\$1,721.00
		On Box 12914		V	/hen was the debt incurred? 0	9/01/2018	
	_	ımber Street		A	s of the date you file, the claim is	: Check all that apply.	
	N	orfolk, VA 23541			Contingent		
	Ci	ty	State ZIP Code		Unliquidated		
		ho incurred the debt? Ch	neck one.		Disputed		
	✓	Debtor 1 only		Т	ype of NONPRIORITY unsecured	claim:	
		Debtor 2 only			Student loans		
		Debtor 1 and Debtor 2	only		Obligations arising out of a sep	aration agreement or	
		At least one of the debt	tors and another	Г	divorce that you did not report a	•	
		Check if this claim is for	or a community debt		Debts to pension or profit-shari similar debts	ng plans, and other	
		the claim subject to offs	et?	5	1		
	✓	No			FactoringCompanyAccount		
		Yes					
4.53	R	obertson Neil Law			ast 4 digits of account number _		\$2,219.25
	No	onpriority Creditor's Name			/hen was the debt incurred?	<u> </u>	
	_	09 E. 26th St			s of the date you file, the claim is	: Check all that apply	
		ımber Street			Contingent	. Oncor an that apply.	
	<u> </u>	ryan, TX 77803 ty	State ZIP Code		Unliquidated		
	W	ho incurred the debt? Ch	neck one.		Disputed		
	✓	Debtor 1 only			·	alaim.	
				_	ype of NONPRIORITY unsecured Student loans	vialiii.	
		Debtor 1 and Debtor 2	only		•	aration agraement or	
		At least one of the debt	•	_	Obligations arising out of a sep divorce that you did not report a	aradon agreement or as priority claims	
		Check if this claim is for			Debts to pension or profit-shari	• •	
	le	the claim subject to offs	•		similar debts		
		No			Other. Specify		
		Yes					

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher	•	
Dobio		First Name	Middle Name	Last Name	Case number	r (if known)
Part 2	2: Your l	NONPRIORIT	Y Unsecured Claims	s - Continuation Page	<u>.</u>	
				eginning with 4.5, followe		Total claim
4.54	Southwe	est Hormone La	aboratory	Last 4 di	gits of account number 46a8	\$199.76
	Nonpriority	Creditor's Name	•		as the debt incurred? 03/24/2021	
	PO Box			———— As of the	e date you file, the claim is: Check all tha	at apply
	Number	Street		☐ Cont		SPP-).
	Wilming City	ton, DE 19850	State ZIP Code		quidated	
	•	rred the debt?		☐ Disp	•	
	_	or 1 only	onour ono.	•		
	,	or 2 only			NONPRIORITY unsecured claim: ent loans	
	_	or 1 and Debtor	2 only			
			•	Oblig	gations arising out of a separation agreen ce that you did not report as priority clain	
			ebtors and another		s to pension or profit-sharing plans, and	
			s for a community debt	simil	ar debts	
	Is the cla	im subject to of	riset?		r. Specify	
				med	ical bill	
	☐ Yes					
4.55		h Health		Last 4 di	gits of account number 6650	<u>\$2,740.00</u>
		Creditor's Name		When wa	as the debt incurred? 04/13/2022	
	PO Box Number	1259 Dept 141: Street	529	As of the	e date you file, the claim is: Check all tha	at apply.
	Oaks, PA			☐ Cont	ingent	
	City	19430	State ZIP Code	Unlic	quidated	
	Who incu	rred the debt?	Check one.	☐ Disp	•	
	☐ Debte	or 1 only			NONPRIORITY unsecured claim:	
		or 2 only			ent loans	
	_	or 1 and Debtor	2 only		gations arising out of a separation agreen	ment or
	_		ebtors and another	divoi	ce that you did not report as priority clain	ns .
				☐ Debt	s to pension or profit-sharing plans, and	other
			s for a community debt	⊸⊀	ar debts	
	⊸	im subject to of	iiset?		r. Specify	
	⊻ No			mea	ical bill	
	☐ Yes					
4.56		h Health Colle	ge Station	Last 4 di	gits of account number <u>na</u>	<u>\$4,464.87</u>
		Creditor's Name		When wa	as the debt incurred? <u>06/04/2021</u>	
	1604 Ro	ck Prairie Street		— As of the	e date you file, the claim is: Check all tha	at apply.
		Station, TX 778	R45	☐ Cont	ingent	
	City	otation, 1X 11	State ZIP Code	Unlic	quidated	
	Who incu	irred the debt?	Check one.	☐ Disp	uted	
	☐ Debte	or 1 only		•	NONPRIORITY unsecured claim:	
	☑ Debto	or 2 only			ent loans	
	_	or 1 and Debtor	2 only		gations arising out of a separation agreen	ment or
			ebtors and another	Oblig	ce that you did not report as priority clain	
			s for a community debt		s to pension or profit-sharing plans, and	other
		im subject to of	•	—	ar debts	
	✓ No	iiii subject to O	iiooti		r. Specify ical bill	
	☐ Yes			illeu		

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher		2 1 m				
Debtoi		First Name	Middle Name	Last Name		Case number (if known)				
Part 2	2. Your N	NONDRIORIT'	Y Unsecured Claims	: - Continuation	Page					
r art z	2. Tour 1	VOIVI RIORII	T Offseedred Claims	s - Continuation	- age					
After	listing any	entries on this	s page, number them be	ginning with 4.5, f	ollowed by 4.6, and so forth.		Total claim			
4.57		h Regional He	alth Ctr	La	st 4 digits of account number _9	9209	\$635.99			
		Creditor's Name		W	nen was the debt incurred? 0	06/22/2018				
	2801 Fra	nciscan Dr Street		As	of the date you file, the claim is	s: Check all that apply.				
	Bryan, T				Contingent					
	City	X 11002	State ZIP Code		Unliquidated					
	Who incu	rred the debt?	Check one.		Disputed					
	☑ Debto	or 1 only		Tv	pe of NONPRIORITY unsecured	l claim:				
	☐ Debto	or 2 only		_	☐ Student loans					
	☐ Debto	or 1 and Debtor	2 only		Obligations arising out of a sep	paration agreement or				
	☐ At lea	st one of the de	btors and another		divorce that you did not report					
	☐ Checl	k if this claim is	for a community debt	Ц	Debts to pension or profit-shar	ing plans, and other				
		m subject to of	-	V	similar debts Other. Specify					
	☑ No			_	medical bill					
	☐ Yes									
4.58	St. Josen	h Regional He	alth Ctr	l a	st 4 digits of account number 6	6412	\$394.75			
		Creditor's Name			_	04/28/2022				
	PO Box 6				of the date you file, the claim is					
	Number	Street		_	Contingent	s. Oncor all that apply.				
	Dallas, T	X 75267	State ZIP Code		Unliquidated					
	,	rred the debt?		_	Disputed					
		or 1 only	enoun one.		•	Lalaim				
	,	or 2 only		-	pe of NONPRIORITY unsecured Student loans	Ciaim:				
	_	or 1 and Debtor:	2 only			aration agreement or				
			btors and another	_	Obligations arising out of a sep divorce that you did not report	as priority claims				
	_		for a community debt		Debts to pension or profit-shar	ing plans, and other				
		m subject to of	•	√	similar debts					
	✓ No	in subject to on	isc:	<u>v</u>	Other. Specify medical bill					
	☐ Yes				medical bin					
4.50		•					\$230.03			
4.59	Star Furr Nonpriority	Creditor's Name			st 4 digits of account number 8		<u> </u>			
	3400 E 2	9th St			_	07/01/2021				
	Number	Street		_	of the date you file, the claim is	s: Cneck all that apply.				
	Bryan, T	X 77802	04-4- 7ID 0-4-		Contingent					
	City	rred the debt?	State ZIP Code	_	Unliquidated					
	₩ Debto		OHECK UHE.		Disputed					
	_	or 2 only		_	pe of NONPRIORITY unsecured	ciaim:				
	_	•	2 only	_	Student loans					
		or 1 and Debtor	•		Obligations arising out of a sep divorce that you did not report	aration agreement or as priority claims				
			btors and another		Debts to pension or profit-shar					
			for a community debt		similar debts	- ·				
	Is the clai	m subject to of	iset?	√	Other. Specify					
	Vec				other					

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known) _	
		First Name	Middle Name	Last Name		_
Part 2	2: Your	NONPRIORITY	' Unsecured Claims	- Continuation Page		
After	listing a	ny entries on this	page, number them beg	jinning with 4.5, followed by 4.6, and	d so forth.	Total claim
4.60	Nonpriori Attn: B PO Box Number Akron, City Who inc Deb Deb At le	Street OH 44309-1799 curred the debt? Cotor 1 only otor 2 only otor 1 and Debtor 2 east one of the debeck if this claim is	only otors and another for a community debt	Contingent Unliquidated Disputed Type of NONPRIORIT Student loans Obligations arisin divorce that you of	incurred? 04/01/2013 Ile, the claim is: Check all that apply. TY unsecured claim: Ing out of a separation agreement or did not report as priority claims or profit-sharing plans, and other	\$0.00
4.61	Nonpriori P.O. Bo Number Orland City Who inc Deb Deb At le	aim subject to off	State ZIP Code Check one. I only otors and another for a community debt	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORIT ☐ Student loans ☐ Obligations arisin divorce that you of	incurred? 01/13/2016 le, the claim is: Check all that apply.	<u>\$970.59</u>
4.62	Synchr Nonpriori Attn: B PO Box Number Orland City Who inc Deb Deb At le	tony Bank/Jewelr ty Creditor's Name ankruptcy x 965064 Street o, FL 32896-5064 sturred the debt? Cotor 1 only otor 2 only otor 1 and Debtor 2 east one of the debteck if this claim is aim subject to offs	State ZIP Code theck one.	Contingent Unliquidated Disputed Type of NONPRIORIT Student loans Obligations arisin divorce that you of	incurred? 01/05/2014 Ile, the claim is: Check all that apply. TY unsecured claim: Ing out of a separation agreement or did not report as priority claims or profit-sharing plans, and other	\$0.00

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher			
Dobtoi	· -	First Name	Middle Name	Last Name	C	ase number (if known)	
Part 2	2: Your N	ONPRIORITY	Unsecured Claims	s - Continuation	Page		
After					lowed by 4.6, and so forth.		Total claim
4.63	Texas A &	M University		Las	4 digits of account number 1113	3	\$0.00
	Nonpriority C	reditor's Name		Who	en was the debt incurred? 11/0	1/2013	
	750 Agror			As a	of the date you file, the claim is: C		
	Number	Street			Contingent	mook all that apply.	
	College S	tation, TX 7784	State ZIP Code		Unliquidated		
	•	red the debt? Cl		_	·		
	☐ Debtor		TICOR OTIC.		Disputed		
	☐ Debtor	•		7.7	e of NONPRIORITY unsecured cla	nim:	
	,	•	- ale		Student loans		
		1 and Debtor 2	•	Ц	Obligations arising out of a separa divorce that you did not report as		
	-4		tors and another		Debts to pension or profit-sharing		
	O. IOOK		or a community debt		similar debts	'	
	Is the claim ✓ No	n subject to offs	et?	u	Other. Specify		
					Educational		
	☐ Yes						* -
4.64	Texas Chi			Las	4 digits of account number 697	7	\$6,555.32
		reditor's Name		Who	en was the debt incurred? 09/2	2/2022	
	PO Box 44 Number	Street		As	of the date you file, the claim is: C	heck all that apply.	
	Houston,				Contingent		
	City	1777210	State ZIP Code		Unliquidated		
	Who incur	red the debt? Cl	heck one.		Disputed		
	☐ Debtor	1 only			of NONPRIORITY unsecured cla	nim:	
	☑ Debtor	2 only			Student loans		
	☐ Debtor	1 and Debtor 2	only		Obligations arising out of a separa	ition agreement or	
			tors and another		divorce that you did not report as p	oriority claims	
			or a community debt		Debts to pension or profit-sharing	plans, and other	
		n subject to offs	•		similar debts		
	✓ No			Y.	Other. Specify medical bill		
	Yes						
4.05							\$219.96
4.65		Γ & Allergy Creditor's Name			4 digits of account number 714		<u> </u>
	PO Box 10					<u>1/2021 </u>	
	Number	Street		_	of the date you file, the claim is: C	heck all that apply.	
	College S	tation, TX 7784	2		Contingent		
	City		State ZIP Code		Unliquidated		
		red the debt? Cl	heck one.		Disputed		
	☐ Debtor	,		Тур	of NONPRIORITY unsecured cla	nim:	
	☑ Debtor	2 only		_	Student loans		
	Debtor	1 and Debtor 2	only		Obligations arising out of a separa		
	☐ At leas	t one of the deb	tors and another		divorce that you did not report as p	•	
	☐ Check	if this claim is f	or a community debt	Ц	Debts to pension or profit-sharing similar debts	pians, and other	
		n subject to offs	et?	$\mathbf{\Delta}$	Other. Specify		
	√ No				medical bill		
	☐ Yes						

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher			
Deptoi	2	First Name	Middle Name	Last Name		Case number (if known)	
Part 2	2: Your N	ONPRIORITY	Unsecured Claim	s - Continuatior	ı Page		
After	listing any	entries on this p	page, number them be	eginning with 4.5,	followed by 4.6, and so forth.		Total claim
4.66	Tovota Fir	nancial Services	5	Lá	st 4 digits of account number	0001	\$0.00
_		reditor's Name	-			11/01/2014	
	Po Box 41				s of the date you file, the claim		
	Number	Street			Contingent	o. Oncok all that apply.	
	Carol Stre	am, IL 60197-41	102 State ZIP Code		Unliquidated		
	,	ed the debt? Ch			·		
	☑ Debtor		ieck one.		Disputed		
	_	•		_	pe of NONPRIORITY unsecure	d claim:	
	☐ Debtor	•			Student loans		
		1 and Debtor 2	•		Obligations arising out of a se divorce that you did not repor	paration agreement or	
	_	t one of the debt			Debts to pension or profit-sha	. ,	
	☐ Check	if this claim is fo	or a community debt		similar debts	ning plans, and other	
		n subject to offse	et?	V	Other. Specify		
	☑ No				Automobile		
	☐ Yes						
4.67	Upstart			La	st 4 digits of account number	3519	\$0.00
		reditor's Name				11/01/2019	
	Attn: Ban	kruptcy			s of the date you file, the claim		
	PO Box 1				Contingent	o. Oncok all that apply.	
	Number	Street			Unliquidated		
	San Carlo City	s, CA 94070	State ZIP Code				
	•	ed the debt? Ch			Disputed		
	☐ Debtor		ieck one.	•	pe of NONPRIORITY unsecure	d claim:	
		•			Student loans		
	☐ Debtor	•			Obligations arising out of a se divorce that you did not repor	paration agreement or	
		1 and Debtor 2	•		Debts to pension or profit-sha		
	☐ At leas	t one of the debt	ors and another		similar debts	ning plans, and other	
	☐ Check	if this claim is fo	or a community debt	✓	Other. Specify		
		n subject to offse	et?		Unsecured		
	☑ No						
	☐ Yes						
4.68	Upstart Fi	nance		La	st 4 digits of account number	7865	\$4,743.00
	Nonpriority C	reditor's Name			hen was the debt incurred?		
	Attn: Ban	kruptcy			s of the date you file, the claim		
	PO Box 1				Contingent		
	Number	Street			Unliquidated		
	San Carlo City	s, CA 94070	State ZIP Code		Disputed		
	•	ed the debt? Ch			·	d alaba	
	☑ Debtor		ieck one.		pe of NONPRIORITY unsecure	a ciaim:	
	_	•			Student loans		
	☐ Debtor	•			Obligations arising out of a se divorce that you did not repor		
	_	1 and Debtor 2	•		Debts to pension or profit-sha	• •	
		t one of the debt		_	similar debts	mig piano, and other	
			or a community debt	\checkmark	Other. Opcomy		
		subject to offse	et?		Unsecured		
	☑ No						
	Yes						

Debtoi Debtoi		Joel	Dennis	Crutcher			
Debtoi	r	Amber First Name	Nicole Middle Name	Crutcher Last Name		Case number (if known)	
Dont 1	2. \/a N						
Part 2	2: Your N	NONPRIORITY	' Unsecured Claims	Continuation Page			
After	listing any	entries on this	page, number them beg	nning with 4.5, followed	by 4.6, and so forth.		Total claim
4.69	Upstart F			Last 4 dig	its of account number	1138	\$2,704.00
		Creditor's Name		When was	the debt incurred? (01/01/2022	
	Attn: Bar			As of the	date you file, the claim i	s: Check all that apply.	
	PO Box 1 Number	Street		Contir	igent		
	San Carlo	os, CA 94070		Unliqu	iidated		
	City		State ZIP Code	☐ Disput	ted		
		rred the debt? C	heck one.	Type of No	ONPRIORITY unsecured	d claim:	
		r 1 only		☐ Stude	nt loans		
	_	r 2 only r 1 and Debtor 2	only	Obliga divorc	ations arising out of a sep e that you did not report	paration agreement or as priority claims	
			otors and another		to pension or profit-shar	ing plans, and other	
	☐ Check	c if this claim is f	for a community debt	⊸ ∕	Specify		
		m subject to offs	set?	Unsec			
	☑ No						
	☐ Yes						
4.70	US Dept	of Education/Gl	L	Last 4 dig	its of account number	9851	\$3,457.00
	Nonpriority	Creditor's Name		When was	the debt incurred? (05/19/2012	
	2401 Inte	rnational Lane I Street	POB 7859	As of the	- date you file, the claim i	s: Check all that apply.	
		WI 53704		☐ Contin	ngent		
	City	, 111 007 04	State ZIP Code	Unliqu	iidated		
	Who incu	rred the debt? C	heck one.	☐ Disput	ted		
	Debto	r 1 only		Type of No	ONPRIORITY unsecured	d claim:	
	☑ Debto	r 2 only		☑ Stude	nt loans		
	☐ Debto	r 1 and Debtor 2	only	☐ Obliga	ntions arising out of a sep	paration agreement or	
	☐ At lea	st one of the deb	otors and another		e that you did not report		
	☐ Check	c if this claim is f	for a community debt		to pension or profit-shar debts	ing plans, and other	
		m subject to offs	set?		Specify		
	☑ No				nt loan		
	☐ Yes						
4.71	US Small	Business Adm	ın.	Last 4 dig	its of account number _	5250	\$114,166.00
		Creditor's Name		When was	the debt incurred? _1	10/28/2014	
	Attn: Bar			As of the	date you file, the claim i	s: Check all that apply.	
	409 3rd S	St , SW Street		Contir	igent		
		ton, DC 20416		Unlique	idated		
	City	,	State ZIP Code	Disput	ted		
	Who incu	rred the debt? C	heck one.	Type of No	ONPRIORITY unsecured	d claim:	
	Debto	r 1 only		☐ Stude	nt loans		
	Debto	r 2 only			tions arising out of a sep		
	_	r 1 and Debtor 2	only		e that you did not report	• •	
	☑ At lea	st one of the deb	otors and another		to pension or profit-shar debts	ing plans, and other	
	☐ Check	cif this claim is f	for a community debt	✓ Other.	Specify		
		m subject to offs	set?	Gover	nmentMiscellaneousDe	ebt	
	☑ No						
	☐ Yes						

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Debto Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		Case number (if known)	
		First Name	Middle Name	Last Name		Case Hamber (ii known)	
Part	2:	Your NONPRIORITY	Unsecured Claim	s - Continuatior	n Page		
After	r lis				followed by 4.6, and so forth.		Total claim
4.72	U	S Small Business Admn	1.	La	ast 4 digits of account number	0750	\$91,586.00
	No	onpriority Creditor's Name			hen was the debt incurred?	12/30/2013	
	<u>A</u>	ttn: Bankruptcy		A:	s of the date you file, the claim	is: Check all that apply.	
		09 3rd St , SW			Contingent		
		mber Street			Unliquidated		
	Cit	/ashington, DC 20416	State ZIP Code		Disputed		
		, ho incurred the debt? Ch	neck one.		pe of NONPRIORITY unsecur	ed claim:	
		Debtor 1 only		_	Student loans	ou olum.	
		Debtor 2 only				enaration agreement or	
			only		divorce that you did not repo		
	√		•		Debts to pension or profit-sh	aring plans, and other	
		Check if this claim is fo		¥	similar debts		
	le	the claim subject to offse	-	¥	Other. Specify GovernmentMiscellaneousl	Deht	
	√				Covernmentimocenaries	5050	
		l Yes					
. ==1							\$2,298.00
4.73		SAA Federal Savings Ba	ank		ast 4 digits of account number		φ2,290.00
		0750 McDermott Freewa	NV			11/01/2014	
	_	mber Street		_	s of the date you file, the clain	is: Check all that apply.	
	S	an Antonio, TX 78288-05	578		Contingent		
	Cit	•	State ZIP Code		Unliquidated		
		ho incurred the debt? Ch	neck one.		Disputed		
				Ту	pe of NONPRIORITY unsecur	ed claim:	
	Ц	Debtor 2 only			Student loans		
		Debtor 1 and Debtor 2 o	only		Obligations arising out of a s	separation agreement or	
	✓	At least one of the debte	ors and another		divorce that you did not repo	• •	
	Ц	Check if this claim is fo	or a community debt		Debts to pension or profit-sh similar debts	aring plans, and other	
		the claim subject to offse	et?	V	Other. Specify		
	$ \sqrt{} $	No			CreditCard		
		Yes					
4.74	U	SAA Federal Savings Ba	ank	La	est 4 digits of account number	9062	\$0.00
	No	onpriority Creditor's Name		w	hen was the debt incurred?	02/24/2015	
	_	0750 McDermott Freewa	у	A:	s of the date you file, the claim	is: Check all that apply.	
		mber Street	-70	_	Contingent	,,,	
	<u>S</u> Cit	an Antonio, TX 78288-05 y	State ZIP Code		Unliquidated		
	W	ho incurred the debt? Ch	neck one.	_	Disputed		
		Debtor 1 only			pe of NONPRIORITY unsecur	ed claim:	
					Student loans		
		Debtor 1 and Debtor 2 of	only		Obligations arising out of a s	enaration agreement or	
		At least one of the debte	•	_	divorce that you did not repo		
		Check if this claim is fo			Debts to pension or profit-sh	aring plans, and other	
	le.	the claim subject to offse	•		similar debts		
		No	···	¥	Other. Specify SecuredCreditCard		
		l Yes					

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Debto		Joel Amber	Dennis Nicole	Crutcher Crutcher		0	
DCDIO	1 2	First Name	Middle Name	Last Name		Case number (if know	'n)
Dort 1	2. Vous N	JONDDIODIT	V I becomed Claims	Continuation	, Dogo		
Part 2	2: Your i	NONPRIORIT	Y Unsecured Claims	s - Continuation	1 Page		
After	listing any	entries on this	s page, number them be	eginning with 4.5,	followed by 4.6, and s	so forth.	Total claim
4.75	USAA Fe	ederal Savings	Bank	La	ast 4 digits of accoun	t number 6730	\$0.00
		Creditor's Name		w	hen was the debt inc	curred? 02/01/2015	
		Dermott Freev	vay	A:	s of the date you file.	the claim is: Check all that apply.	
	Number	Street			Contingent		
	San Anto	onio, TX 78288-	State ZIP Code				
	,	rred the debt?			Disputed		
	☑ Debto		onoun ono.		·	unaccured alaim.	
		or 2 only			<pre>/pe of NONPRIORITY I Student loans</pre>	unsecured claim:	
	_	or 1 and Debtor 2	2 only				
			btors and another		Obligations another	out of a separation agreement or d not report as priority claims	
					· ·	r profit-sharing plans, and other	
			for a community debt		similar debts		
	✓ No	m subject to off	rset?	₹	Other. Opcomy		
	Yes				CreditCard		
	☐ Yes						
4.76		deral Savings	Bank	La	ast 4 digits of accoun	t number <u>0129</u>	\$0.00
		Creditor's Name		w	hen was the debt inc	curred? <u>09/01/2015</u>	
	Number	Street	vay	A:	s of the date you file,	the claim is: Check all that apply.	
		onio, TX 78288-	0578		Contingent		
	City	,	State ZIP Code		Unliquidated		
	Who incu	rred the debt?	Check one.		Disputed		
	☑ Debto	or 1 only		Ty	pe of NONPRIORITY	unsecured claim:	
	☐ Debto	or 2 only			Student loans		
	☐ Debto	or 1 and Debtor 2	2 only		Obligations arising	out of a separation agreement or	
	☐ At lea	st one of the de	btors and another	_	divorce that you did	d not report as priority claims	
	☐ Checi	k if this claim is	for a community debt			r profit-sharing plans, and other	
		m subject to off	•	¥	similar debts		
	√ No	•		<u> </u>	Other. Specify CreditCard		
	☐ Yes				0.04		
4 77							\$0.00
4.77		ederal Savings Creditor's Name	Bank		ast 4 digits of accoun		
		Dermott Freev	vav		hen was the debt inc		
	Number	Street	· uy	_		the claim is: Check all that apply.	
	San Anto	onio, TX 78288-	0578		Contingent		
	City		State ZIP Code		Unliquidated		
	_	rred the debt?	Check one.		Disputed		
	☑ Debto	or 1 only		Ty	pe of NONPRIORITY	unsecured claim:	
	☐ Debto	or 2 only			Student loans		
	☐ Debto	or 1 and Debtor 2	2 only		Obligations another	out of a separation agreement or	
	☐ At lea	st one of the de	btors and another	_		d not report as priority claims	
	☐ Checl	k if this claim is	for a community debt	_	Debts to pension or similar debts	r profit-sharing plans, and other	
	_	m subject to off	fset?	V			
	☑ No				CreditCard		
	☐ Vec						

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Debtor Debtor		Joel Amber	Dennis Nicole	Crutcher Crutcher		Case number <i>(if k</i>	known)
		First Name	Middle Name	Last Name			
Part 2	2: Your	NONPRIORITY	/ Unsecured Claims	s - Continuatio	n Page		
After	listing an	y entries on this	page, number them be	eginning with 4.5,	followed by 4.6, and s	so forth.	Total claim
4.78	USDOE/	GLELSI		L	ast 4 digits of account	t number 8581	\$3,457.00
	Nonpriority	Creditor's Name		v	hen was the debt incu	urred? 05/01/2012	
	Attn: Ba	nkruptcy		—— А	s of the date vou file.	the claim is: Check all that ap	oply.
	PO Box				Contingent		
	Number	Street		_	Unliquidated		
	Madisor City	n, WI 53707-7860	State ZIP Code		Disputed		
	•	urred the debt?			•	unassurad alaim.	
	_	or 1 only	mook one.		ype of NONPRIORITY Student loans	unsecured claim:	
	_	or 2 only		<u> </u>	3		_
		,			 Obligations arising of divorce that you did 	out of a separation agreement I not report as priority claims	t or
		or 1 and Debtor 2	•		•	r profit-sharing plans, and other	er
	_		otors and another		similar debts	, said of the	
			for a community debt		Other. Specify		
		im subject to off	set?		Educational		
	☑ No						
	☐ Yes						
4.79	Wells Fa	argo Bank NA		L	ast 4 digits of account	t number <u>3618</u>	<u>\$13,976.00</u>
		Creditor's Name		w	hen was the debt incu	urred? 02/01/2011	
		hway 6 South		——— А	s of the date you file,	the claim is: Check all that ap	oply.
	Number	Street			Contingent	•	• •
	City	n, TX 77083	State ZIP Code		1 Unliquidated		
	•	urred the debt?			Disputed		
	_	or 1 only				unassurad alaim.	
	,	or 2 only			ype of NONPRIORITY Student loans	unsecurea ciaim.	
	_	or 1 and Debtor 2	2 only		•		.
	_		otors and another	_		out of a separation agreement I not report as priority claims	t or
					Debts to pension or	profit-sharing plans, and other	er
			for a community debt		similar debts		
	Is the cia ✓ No	im subject to off	Set?	\	Other. Opcomy		
					CreditCard		
	☐ Yes						
4.80		argo Bank NA		L	ast 4 digits of account	t number <u>0001</u>	\$0.00
		Creditor's Name		W	hen was the debt incu	urred? <u>08/01/2015</u>	
	Number	ghway 6 South Street		— А	s of the date you file,	the claim is: Check all that ap	pply.
		n, TX 77083			Contingent		
	City	1, 17, 17,000	State ZIP Code		1 Unliquidated		
	Who incu	urred the debt?	Check one.		Disputed		
	☐ Debte	or 1 only			ype of NONPRIORITY	unsecured claim:	
	☐ Debte	or 2 only		_	Student loans		
	☑ Debte	or 1 and Debtor 2	2 only			out of a separation agreement	t or
			otors and another		divorce that you did	I not report as priority claims	- - :
	_ /		for a community debt			r profit-sharing plans, and other	er
	Onco	im subject to off	•	Ŋ	similar debts		
	✓ No	542,551 10 011	 -	N.	Other. Specify NoteLoan		
	☐ Yes						

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Debtor 1 Debtor 2	Joel Amber First Name	Nicole Middle Name	Crutcher Crutcher Last Name	Case number (if known)
		Unsecured Claims	Continuation Page	and so forth. Total claim
Nonprior P.O. Be Number San Ai City Who in 1 Del Del At I	comenity ity Creditor's Name ox 659819 Street itonio, TX 78265 curred the debt? Cotor 1 only otor 2 only otor 1 and Debtor 2 east one of the deb eck if this claim is to	only otors and another for a community debt	When was the deb As of the date you Contingent Unliquidated Disputed Type of NONPRIOI Student loans Obligations aris divorce that yo	RITY unsecured claim: sing out of a separation agreement or but did not report as priority claims on or profit-sharing plans, and other

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Debtor 1 Joel Crutcher Dennis Debtor 2 Amber **Nicole** Crutcher Case number (if known) _ First Name Middle Name Last Name List Others to Be Notified About a Debt That You Already Listed Part 3: 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. **Brittani Crutcher** On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.73 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2436 Rushing Springs Dr. Part 2: Creditors with Nonpriority Unsecured Claims Number Street Fort Worth, TX 76118 Last 4 digits of account number _ City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Client Servies, Inc. Name Line 4.57 of (Check one): Line 4.57 of (Check one): Part 1: Creditors with Priority Unsecured Claims 3451 Harry S. Truman Blvd Part 2: Creditors with Nonpriority Unsecured Claims Number St. Charles, MT 63301 Last 4 digits of account number . ZIP Code State On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Collection Services** Name Line **4.21** of (*Check one*): Part 1: Creditors with Priority Unsecured Claims PO Box 55126 Part 2: Creditors with Nonpriority Unsecured Claims Number Street Boston, MA 02205-5126 Last 4 digits of account number -City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Joseph I. Sussman, P.C. Name Line **4.49** of (*Check one*): Part 1: Creditors with Priority Unsecured Claims Index # CV-017322-19/NY Part 2: Creditors with Nonpriority Unsecured Claims 333 Pearsall Ave. Suite 205 Number Last 4 digits of account number Cedarhurst, NY 11516 State ZIP Code Midland Credit Managment 306661259 On which entry in Part 1 or Part 2 did you list the original creditor? Line **4.61** of (*Check one*): Part 1: Creditors with Priority Unsecured Claims PO Box 301030 Part 2: Creditors with Nonpriority Unsecured Claims Number Los Angeles, CA 90030 State ZIP Code Last 4 digits of account number Portfolio Recovery Associates, LLC On which entry in Part 1 or Part 2 did you list the original creditor? Name Line **4.12** of (*Check one*): Part 1: Creditors with Priority Unsecured Claims PO Box 115220 Part 2: Creditors with Nonpriority Unsecured Claims Number Street Carrollton, TX 75011 Last 4 digits of account number -ZIP Code State City On which entry in Part 1 or Part 2 did you list the original creditor? Revco Solutions, Inc Name Line **4.56** of (*Check one*): Part 1: Creditors with Priority Unsecured Claims 2700 Meridian Parkway Suite 200 Part 2: Creditors with Nonpriority Unsecured Claims Number Durham, NC 27713

Last 4 digits of account number _

State

ZIP Code

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btor 1 btor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)
	First Name	Middle Name	Last Name	
rt 3: List	Others to Be No	otified About a Deb	t That You Already Liste	ed Additional Page
RMP S	ervices LLC		On which entry in Pa	rt 1 or Part 2 did you list the original creditor?
<u> </u>				· •
Name	x 630844		Line <u>4.20</u> of (<i>Check</i>	<i>cone</i>): ☐ Part 1: Creditors with Priority Unsecured Claims
Name	x 630844 Street		Line 4.20 of (Check	one): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Name PO Bo Number			Line 4.20 of (Check	

Debtor 1 Debtor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher			Case number /if	known)
	First Name	Middle Name	Last Name			Case number (#	KNOWN)
Part 4: Add t	the Amounts fo	or Each Type of Uns	ecured Claim				
	mounts of certain pe of unsecured o		ims. This informatio	n is fo	r sta	tistical reporting purposes only. 28	U.S.C. §159. Add the amounts
						Total claim	
Total claims	6a. Domestic s	support obligations		6a.		\$0.00	
from Part 1	6b. Taxes and o	certain other debts you It	owe the	6b.		\$0.00	
	6c. Claims for o	death or personal injur cated	/ while you	6c.		\$0.00	
		all other priority unsecu mount here.	red claims.	6d.	+	\$0.00	٦
	6e. Total. Add li	ines 6a through 6d.		6e.		\$0.00	
						Total claim	
Total claims	6f. Student loa	ns		6f.		\$6,914.00	
from Part 2		s arising out of a separa or divorce that you did claims		6g.		\$0.00	
	6h. Debts to pe other simila	ension or profit-sharing ar debts	plans, and	6h.		\$0.00	
		all other nonpriority unse that amount here.	ecured	6i.	+	\$280,181.46	٦
	6j. Total. Add lin	nes 6f through 6i.		6j.		\$287,095.46	

Fill in this information	to identify your case	:		
Debtor 1	Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:		Southern District of Texas	
Case number (if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with who	m you ha	ve the contract or lease	State what the contract or lease is for
2.1	Jennifer Olson Name 1304 Augustine Court Number Street College Station, TX 77840 City	State	ZIP Code	Residential Lease Contract to be ASSUMED
2.2	Robertson Neal Law Name 409 E. 26th St Number Street Bryan, TX 77803 City	State	ZIP Code	Family Law Attorney Contract to be ASSUMED
2.3				
	Number Street City	State	ZIP Code	
2.4				
	Name			
	Number Street			
	City	State	ZIP Code	

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Fill in this information	to identify your case			
Debtor 1	Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankı	ruptcy Court for the:		Southern District of Texas	
Case number				
(if known)		_		

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as	s a codebtor.)
	☑ No ☑ Yes	
0		O
2.	Within the last 8 years, have you lived in a community property state or territory? (Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiscon	
	☐ No. Go to line 3.	<i>'</i>
	☑ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
	□No	
	☑ Yes. In which community state or territory did you live? Texas	. Fill in the name and current address of that person.
	Brittani Crutcher	
	Name of your spouse, former spouse, or legal equivalent	
	Number Street	
	City State ZIP Code	
	✓ Yes. In which community state or territory did you live? Texas	. Fill in the name and current address of that person.
	Monceaux, Brody	
	Name of your spouse, former spouse, or legal equivalent	
	Number Street	
	City State ZIP Code	
	✓ Yes. In which community state or territory did you live? Texas	. Fill in the name and current address of that person.
	Crutcher, Joel	
	Name of your spouse, former spouse, or legal equivalent	
	1304 Augustine Ct	
	Number Street	
	College Station, 77840 City State ZIP Code	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

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Debtor 1 Debtor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if known)
	First Name	Middle Name	Last Name	
Coll	umn 1: Your codebtor			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
Nam	tani Crutcher le 86 Rushing Springs Dr.			Schedule D, line Schedule E/F, line 4.73
Num	ber Street t Worth, TX 76118	State ZIP Code		Schedule G, line
3.2 <u>Cru</u> Nam 243 Num	ntcher, Brittani ne 86 Rushing Springs Dr			Schedule D, line Schedule E/F, line 4.4, 4.71, 4.72 Schedule G, line
City		State ZIF Code		

Official Form 106H Schedule H: Your Codebtors Page 2 of 2

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Fill	in this information to	identify your ca	se:								
D	ebtor 1	Joel	Dennis Cr	utcher							
٥,	- · · · · -	First Name		Name							
	ebtor 2	Amber	Nicole Cr	utcher							
(S	pouse, if filing)	First Name	Middle Name Las	Name				_	eck if this is:		
U	nited States Bankrupt	tcy Court for the	Souther	n District of Te	exas		.		An amended filing		to a CC a sa
_	ase number known)								A supplement sho chapter 13 income		
									MM / DD / YYYY	_	
∩f	ficial Form 1	061									
	chedule I: `		come								12/15
spoi addi	use is not filing with	you, do not inc our name and c	illing jointly, and your spou lude information about you case number (if known). Ar	ır spouse. İf m	ore s	oace is nee					
1.	Fill in your employn	ment									
	information.			Debtor 1					Debtor 2 or nor	n-filing sp	ouse
	If you have more that attach a separate pa		Employment status	M Employed	ıΩN	ot Employe	ed	V	Employed No	t Employe	ed
	information about ac employers.	dditional	Occupation	Warehouse/I	Distrib	ution Mana	iger	<u>Bo</u>	ookkeeping		
	Include part time, se		Employer's name	Messina Hof				<u>Jo</u>	e's Places		
	self-employed work.		Employer's address	4545 Old Re		Rd		P.0	O Box 511		
	Occupation may incl or homemaker, if it a			Number Stree	et			N	lumber Street		
				Bryan, TX 77	808				yan, TX 77806		
			How long employed there	City 2 vears		State	Zip Code	С	ity	State	Zip Code
			Tion long employed there	. <u>2 youro</u>				_			
Pa	rt 2: Give Details	s About Mont	hly Income								
			e date you file this form. If y	ou have nothir	ng to r	eport for a	ny line, write	\$0 in the	e space. Include y	our non-fi	iling spouse
	unless you are sepa If you or your non-fil more space, attach	ing spouse have	e more than one employer,	combine the in	forma	tion for all	employers fo	or that pe	erson on the lines	below. If y	ou need
						For	Debtor 1		Debtor 2 or		
								non-	filing spouse		
2.			and commissions (before a culate what the monthly wa		2.	9	3,914.47		\$7,150.00		
3.	Estimate and list me	onthly overtime	e pay.		3.	+	\$0.00	+	\$0.00		

4. Calculate gross income. Add line 2 + line 3.

Debtor 1 Debtor 2
 Joel
 Dennis
 Crutcher

 Amber
 Nicole
 Crutcher

 First Name
 Middle Name
 Last Name

Case number (if known)

	This rather white East value					_
				For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.		\$3,914.47	\$7,150.00	
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	_	\$235.45	\$651.00	
	5b. Mandatory contributions for retirement plans	5b.		\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	_	\$391.45	\$0.00	
	5d. Required repayments of retirement fund loans	5d.		\$0.00	\$0.00	
	5e. Insurance	5e.	_	\$1,311.8 <u>5</u>	\$0.00	
	5f. Domestic support obligations	5f.		\$0.00	\$0.00	
	5g. Union dues	5g.	_	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+	\$407.27	+ \$0.00	
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.		\$2,346.02	\$651.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$1,568.45	\$6,499.00	
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
	monthly net income.	8a.	_	\$0.00	\$0.00	
	8b. Interest and dividends	8b.	_	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	_	<u>\$758.91</u>	\$817.00	
	8d. Unemployment compensation	8d.		\$0.00	\$0.00	
	8e. Social Security	8e.		\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.		\$0.00	\$0.00	
	8g. Pension or retirement income	8g.		\$0.00	\$0.00	
	8h. Other monthly income. Specify:	8h.	+_	\$0.00	+ \$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		\$758.91	\$817.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	_	\$2,327.36	+ \$7,316.00	\$9,643.36
11.	State all other regular contributions to the expenses that you list in Scheo	dule J.				
	Include contributions from an unmarried partner, members of your househol friends or relatives.	, ,	•		,	
	Do not include any amounts already included in lines 2-10 or amounts that a	are not a	vailabl	e to pay expenses	s listed in Schedule J.	
	Specify:				11.	+ \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistics				ncome. Write that	\$9,643.36
	amount on the Summary of Your Assets and Liabilities and Certain Statistics	ai iniomi	auori,	ii it applies	12.	Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this fo	orm?				onany moonie
	√No.					
	Yes. Explain:					

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Fil	II in this information	to identify your case	e:				
	Debtor 1	Joel	Dennis	Crutcher			
		First Name	Middle Name	Last Name		Check if this is:	29
	Debtor 2 Spouse, if filing)	Amber	Nicole	Crutcher		☑ An amended filin☑ A supplement st	nowing postpetition chapter 13
	-	First Name	Middle Name	Last Name			the following date:
L	Jnited States Bankro	uptcy Court for the:		Southern Distric	ct of Texas	MM / DD / YYYY	
_	Case number if known)					WIWI, DB, TTTT	
`	,						
O	fficial Form	106J					
S	chedule J	: Your Ex	penses				12/15
				eople are filing to	ogether, both are equally res	sponsible for supply	ying correct information. If more
							(if known). Answer every question.
Pa	art 1: Describe	Your Household					
1.	Is this a joint cas	e?					
	☐ No. Go to line	2.					
	Yes. Does Det	otor 2 live in a sepa	rate household?				
	✓No						
_				-2, Expenses for	Separate Household of Debt	or 2.	
2.	Do you have dep Do not list Debtor		□No		Dependent's relationship t	o Depender	nt's Does dependent live
	Debtor 2.	i anu	Yes. Fill out the	nis information endent	Debtor 1 or Debtor 2	age	with you?
	Do not state the d	lependents'	•		Child		□ _{No.} ☑ _{Yes.}
	names.				Child	6	□ _{No.} ☑ _{Yes.}
					Child	1	□ _{No.} ☑ _{Yes.}
							—— No. ☐ Yes.
						-	No. Yes.
3.	Do your expense expenses of peop		✓No				
	yourself and you		□ _{Yes}				
Pa	art 2: Estimate	Your Ongoing M	onthly Expense	es			
					using this form as a supple eck the box at the top of the		3 case to report expenses as of a
					-		approudic dutor
		id for with non-cash have included it or	-	-			Your expenses
4.			nses for your resi	i dence. Include fi	irst mortgage payments and a		¢4.750.00
	for the ground or	lot.				4.	\$1,750.00
	If not included in	line 4:					
	4a. Real estate ta	xes				4a.	\$0.00
	4b. Property, hom	eowner's, or renter'	s insurance			4b.	\$0.00
4c. Home maintenance, repair, and upkeep expenses					4c.	\$40.00	

4d. Homeowner's association or condominium dues

4d.

\$0.00

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 Debtor 1
 Joel
 Dennis
 Crutcher

 Debtor 2
 Amber
 Nicole
 Crutcher
 Case number (if known)

 First Name
 Middle Name
 Last Name

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
3 .	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$469.57
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$283.00
	6d. Other. Specify: Other utilities	6d.	\$50.00
	Food and housekeeping supplies	7.	\$1,500.00
	Childcare and children's education costs	8.	\$715.00
).	Clothing, laundry, and dry cleaning	9.	\$250.00
0.	Personal care products and services	10.	\$250.00
1.	Medical and dental expenses	11.	\$100.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$800.00
3.		13.	\$250.00
4.	Charitable contributions and religious donations	14.	\$0.00
5.	Insurance.		·
	Do not include insurance deducted from your pay or included in lines 4 or 20.		044 40
	15a. Life insurance	15a.	\$11.46
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c.	\$197.00
	15d. Other insurance. Specify:	15d.	\$0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16.	\$0.00
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$759.00
		17b.	\$858.01
	17b. Car payments for Vehicle 2	17c.	\$200.00
	17c. Other. Specify: Furniture	17d.	\$0.00
	17d. Other. Specify:		, , , , ,
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
9.	Other payments you make to support others who do not live with you.	40	A
	Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1 Debtor 2		Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if	Case number (if known)			
		First Name	Middle Name	Last Name		,			
21.	Other. Spe	ecify:			21.	+ \$0.00			
22.	Calculate	your monthly exp	enses.						
	22a. Add l	ines 4 through 21.			22a.	\$8,583.04			
	22b. Copy	line 22 (monthly e	expenses for Debtor 2),	if any, from Official Form 106J-2	22b.	\$0.00			
	22c. Add li	ne 22a and 22b. T	The result is your month	22c.	\$8,583.04				
23.	Calculate	your monthly net	income.						
	23a. Copy	line 12 (your com	bined monthly income)	from Schedule I.	23a.	\$9,643.36			
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b. _	\$8,583.04			
	23c. Subtr	act your monthly e	expenses from your mor	nthly income.	Γ	# 4 000 00			
	The r	esult is your <i>mont</i>	thly net income.		23c.	\$1,060.32			
24.	Do you ex	pect an increase o	or decrease in your exp	penses within the year after you f	file this form?				
				car loan within the year or do you of a modification to the terms of					
	☑ No. ☐ Yes.	None							

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Fill in this information	n to identify your case	:			
Debtor 1	_ Joel	Dennis	Crutcher		
	First Name	Middle Name	Last Name		
Debtor 2	Amber	Nicole	Crutcher		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:			Southern District of Texas		
Case number (if known)					Check if the amended

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

new <i>Summary</i> and check the box at the top of this page.	ariomis, you must mi out a
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$91,656.78
1c. Copy line 63, Total of all property on Schedule A/B	\$91,656.78
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$90,048.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$287,095.46
Your total liabilities	\$377,143.46
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$9,643.36
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$8,583.04

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Crutcher

Debtor 2	Amber	Nicole	Crutcher		Case number (if known)
	First Name	Middle Name	Last Name			
Part 4: Ans	swer These Ques	stions for Administi	rative and Statistical Re	cords		
6. Are you filin	ng for bankruptcy u	nder Chapters 7, 11, o	r 13?			
_	ı have nothing to rep	oort on this part of the fo	orm. Check this box and subn	nit this form to the	e court with your other sched	dules.
√ Yes						
7. What kind o	of debt do you have	?				
Your de	ebts are primarily co	onsumer debts. Consu e." 11 U.S.C. § 101(8).	mer debts are those "incurred Fill out lines 8-9g for statistica	by an individual pal purposes. 28 U	orimarily for a personal, .S.C. § 159.	
-4			u have nothing to report on th			t
this forr	n to the court with yo	our other schedules.				
8 From the S	tatement of Your Cu	ırrent Monthly Income	: Copy your total current mont	hly income from	Official	
		122B Line 11; OR , Fo		y moonio nom	o moral	
9. Copy the fo	llowing special cate	egories of claims from	Part 4, line 6 of Schedule E/l	₹:		
					Total claim	
From Pa	rt 4 on Schedule E/F	, copy the following:				
9a. Dome	stic support obligatio	ons (Copy line 6a.)				
		(00),				
9b. Taxes	and certain other de	ebts you owe the gover	nment. (Copy line 6b.)			
9c. Claims	s for death or person	al injury while you were	e intoxicated. (Copy line 6c.)			
9a. Studer	nt loans. (Copy line 6	of.)				
9e.Obligat	tions arising out of a	separation agreement	or divorce that you did not re	port as priority		
	(Copy line 6g.)	, ,		, ,		
Of Dobto	to nansion or profit o	haring plane, and other	r similar debts. (Copy line 6h.	1		
ai. Debis i	o pension or profit-s	mamiy pians, and othe	i similai debis. (Copy iiile on.	, Г	T	1
9g. Total	Add lines 9a through	n 9f.				
-9		-				

Debtor 1

Joel

Dennis

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Fill in this informatio	n to identify your case	:		
Debtor 1	Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:		Southern District of Texas	
Case number				
(if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an atto ✓ No	orney to help you fill out bankruptcy forms?
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the su /s/ Joel Dennis Crutcher Joel Dennis Crutcher, Debtor 1 Date 11/23/2022 MM/ DD/ YYYY	/s/ Amber Nicole Crutcher Amber Nicole Crutcher, Debtor 2 Date 11/23/2022 MM/ DD/ YYYY

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Fill in this information	to identify your case	9:		
Debtor 1	_Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankı	ruptcy Court for the:		Southern District of Texas	
Case number (if known)				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

. What is your current ma	rital status?				
✓ Married					
☐ Not married					
. During the last 3 years, h	nave you lived anywhere	e other than where you li	ive now?		
☐ No					
Yes. List all of the place	ces you lived in the last 3	years. Do not include w	here you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
			☐ Same as Debtor 1		☐ Same as Debtor 1
940 Dove Landing		From 08/01/2019	4050 Pendelton Apt 217		From <u>07/01/2020</u>
Number Street		To <u>07/15/2020</u>	Number Street		To <u>06/30/2021</u>
Callana Chatian TV 7704			Prop. TV 77000		-
College Station, TX 7784 City	State ZIP Code	•	Bryan, TX 77802 City	State ZIP Code	_
			☑ Same as Debtor 1		☑ Same as Debtor 1
4050 Pendelton Apt 217		From 07/01/2020			From
Number Street		To <u>06/30/2021</u>	Number Street		_ To
Bryan, TX 77802					_
City	State ZIP Code	•	City	State ZIP Code	-
			City	State ZIF Code	
Within the last 9 years of	id vou over live with a c	nouse or local equivalen	at in a community property	atata ar tarritaru2(Car	mmunity property states and
			, Puerto Rico, Texas, Washi		
☐ No					
✓ Yes. Make sure you fil	Lout Schodulo H: Vour	Codebtors (Official Form :	106H)		

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Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ☑ Wages, commissions, ■ Wages, commissions, From January 1 of current year until the 108,386.06 bonuses, tips bonuses, tips date you filed for bankruptcy: (estimate) Operating a business Operating a business **☑** Wages, commissions, ☐ Wages, commissions, For last calendar year: \$116,155.00 bonuses, tips bonuses, tips (January 1 to December 31, Operating a business Operating a business ☑ Wages, commissions, ■ Wages, commissions, For the calendar year before that: \$91,849.96 bonuses, tips bonuses, tips (January 1 to December 31, 2020 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income from Gross Income from** each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the \$9.804.00 date you filed for bankruptcy: For last calendar year: \$9.804.00 Other (January 1 to December 31, 2021 For the calendar year before that: Other \$9.804.00

(January 1 to December 31, 2020

btor 1 btor 2	Joel <u>Amber</u> First Na	r N	ennis icole liddle Name	Crutcher Crutcher Last Name		Case number (if	known)		
art 3: L				efore You Filed f	or Bankruptcy				
. Are eith	er Debtor 1'	s or Debtor 2's	debts primarily	y consumer debts?					
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."								
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?								
	No. Go to line 7.								
	Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.								
	* Subject	to adjustment or	n 4/01/25 and	every 3 years after	that for cases filed on or a	fter the date of adjustmen	nt.		
-6.									
Yes.			•	arily consumer del		\$600 or more?			
	_		you med for t	arikrupicy, did you	pay any creditor a total of	\$600 of more?			
	□ No. Go								
			nts for domesti	c support obligation	of \$600 or more and the ts, such as child support a				
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
Cre <u>38</u> Nun <u>Be</u>	IDEW Cross	lit I Inion		10/01/2022	#2.277.02	49672 06 (actimate)	Mortgage		
	IBEW Creditor's Na			10/01/2022	\$2,277.03	48673.06 (estimate)	√ Car		
	3805 W. Ca			09/01/2022			☐ Credit card		
		Street		08/01/2022			Loan repayment		
	Beaumont, City	1X 77705 State	ZIP Code				Suppliers or vendors		
							Other		
	IBEW Cred			10/01/2022	\$2,574.03	42.538.25 (estimate)	☐ Mortgage ☑ Car		
<u>3805</u> Numbe	Creditor's Na 3805 W. Ca			09/01/2022			☐ Credit card		
		Street					Loan repayment		
	Beaumont,		710.0-1-	08/01/2022			☐ Suppliers or vendors		
	City	State	ZIP Code				Other		
					ent on a debt you owed a		er? eral partner; corporations of wh		
u are an	officer, dire	ector, person in o	control, or own	er of 20% or more of	of their voting securities; a	nd any managing agent, i	ncluding one for a business you		
	s a sole prop	orietor. 11 U.S.C	. § 101. Includ	e payments for dom	nestic support obligations,	such as child support and	d alimony.		
√ No									
Yes.	List all paym	nents to an insid	er.						

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<u>Amber</u>	Nicole	Crutcher Crutcher		Case	number (if know	n)
First Name	Middle Name	Last Name				,
		Dates of payment	Total amount paid	Amount you still owe	Reason for the	his payment
e						
		. 				
treet						
State	ZIP Code					
			payments or transfer	any property on acco	ount of a debt th	nat benefited an insider
ents on debts gua	ranteed or cosig	ned by an insider.				
all payments that	benefited an ins	ider.				
		Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	
e						
treet						
State	ZIP Code					
ar before you file	d for bankruptc		any lawsuit, court a	ction, or administrativ		r custody modifications,
ar before you file	d for bankruptc	, were you a party in	any lawsuit, court a			r custody modifications,
ar before you filed atters, including p tes.	d for bankruptc	, were you a party in	any lawsuit, court a			r custody modifications,
ar before you file	d for bankruptc personal injury c	<i>I</i> , were you a party in ases, small claims act	any lawsuit, court actions, divorces, collec	tion suits, paternity ac		
ar before you file atters, including p tes. n the details.	d for bankruptc personal injury c	y, were you a party in ases, small claims act	any lawsuit, court actions, divorces, collec			r custody modifications, Status of the case
ar before you filed atters, including pates. In the details. Robertson Near	nd for bankruptc personal injury ca Na al Law	<i>I</i> , were you a party in ases, small claims act	any lawsuit, court actions, divorces, collections	irt or agency		Status of the case ✓ Pending
ar before you file atters, including p tes. n the details.	nd for bankruptc personal injury ca Na al Law	y, were you a party in ases, small claims act	court any lawsuit, court and tions, divorces, collections.	irt or agency		Status of the case Pending On appeal
ar before you filed atters, including pates. In the details. Robertson Near	nd for bankruptc personal injury ca Na al Law	y, were you a party in ases, small claims act	court Augustions, divorces, collections, divorces,	irt or agency Ily Law Name E. 26th St		Status of the case ✓ Pending
	State Ar before you file ents on debts gua all payments that	State ZIP Code ar before you filed for bankruptcy ents on debts guaranteed or cosignall payments that benefited an inse	State ZIP Code State ZIP Code State Stat	State ZIP Code State ZIP Code ar before you filed for bankruptcy, did you make any payments or transferents on debts guaranteed or cosigned by an insider. Dates of payment Total amount paid payment e treet	State ZIP Code State ZIP Code ar before you filed for bankruptcy, did you make any payments or transfer any property on accounts on debts guaranteed or cosigned by an insider. Dates of payment Dates of payment Total amount paid Amount you still owe	ar before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that son debts guaranteed or cosigned by an insider. Dates of payment Total amount paid Amount you still own Reason for the payment Reason for the payme

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		Nicole	Crutcher	Case number (if known) _	
	First Name	Middle Name	Last Name		
			Describe the property	Date	Value of the property
Creditor's Na	me				
Number	Street		Explain what happened		
			Property was repossessed.		
		_	☐ Property was foreclosed.		
			Property was garnished.		
City	Star	te ZIP Code	Property was attached, seized, or l	evied.	
fuse to ma √1 No	ke a payment beca	ause you owed a d			
			Describe the action the creditor took	Date action was taken	Amount
Creditor's Na	me				
Number	Street				-
Number	Sireet				
	04-4-	e ZIP Code			
City	State		Last 4 digits of account number: XXXX		
City	State		Last 4 digits of account number: XXXX	<u> </u>	
2. Within 1	year before you fil	ed for bankruptcy,	was any of your property in the possession o		reditors, a court-
2. Within 1 y	year before you fil		was any of your property in the possession o		reditors, a court-
2. Within 1 y opointed re ☑No	year before you fil	ed for bankruptcy,	was any of your property in the possession o		reditors, a court-
2. Within 1 y	year before you fil	ed for bankruptcy,	was any of your property in the possession o		reditors, a court-
2. Within 1 yopointed re 1 No 1 Yes	year before you fil ceiver, a custodial	ed for bankruptcy, n, or another officia	was any of your property in the possession o		reditors, a court-
2. Within 1 yopointed re ☑ No ☐ Yes	year before you fil ceiver, a custodial	ed for bankruptcy,	was any of your property in the possession o		reditors, a court-
2. Within 1 yppointed re No Yes Tt 5: List	year before you fil ceiver, a custodial	led for bankruptcy, n, or another officia and Contribution	was any of your property in the possession o	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yopointed re No Yes T 5: List	year before you fil ceiver, a custodial	led for bankruptcy, n, or another officia and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yopointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yppointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yppointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yopointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yppointed re 2 No Yes Art 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yppointed re 2 No Yes Art 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yopointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-
2. Within 1 yopointed re No Yes T 5: List 3. Within 2 y	year before you fil ceiver, a custodial : Certain Gifts a	led for bankruptcy, n, or another official and Contribution	was any of your property in the possession o al?	f an assignee for the benefit of c	reditors, a court-

otor 1 otor 2		ennis Crutche cole Crutche		Case number (if know	n)
	First Name Mi	ddle Name Last Nam	e	·	•
Gifts wit	h a total value of more tha on	n \$600 Describe the gif	ts	Dates you gave the gifts	Value
Person to \	Whom You Gave the Gift				
 Number	Street				
City	State Z	P Code			
Person's i	relationship to you				
√ No			y gifts or contributions with a tota	ıl value of more than \$600	0 to any charity?
☐ Yes. F	ill in the details for each gift	or contribution.			
	contributions to charities I more than \$600	Describe what you con	tributed	Date you contributed	Value
Charity's Na	ame				
Number	Street				
City	State ZIP Code				
rt 6: Lis	st Certain Losses				
ambling?	year before you filed for b	pankruptcy or since you filed	for bankruptcy, did you lose anyt	thing because of theft, fir	e, other disaster, or
√ No					
☐ Yes. F	ill in the details.				
	the property you lost and	Describe any insurance c	overage for the loss	Date of your loss	Value of property lost
how the	loss occurred	Include the amount that insinsurance claims on line 33	surance has paid. List pending 3 of Schedule A/B: Property.		

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otor 1 otor 2	Joel Amber	Dennis Nicole	Crutcher Crutcher	Case number (if kno	nwa)
7.01 2	First Name	Middle Name	Last Name	Case number (if kno	own)
rt 7: Lis	st Certain Payme	ents or Transfers			
out seeki	ing bankruptcy or p	reparing a bankruptc		r behalf pay or transfer any property	/ to anyone you consulted
Yes. F	ill in the details.				
Baker & /	Associates	Description	on and value of any property transf	erred Date payment or transfer was made	Amount of payment
Person Wh	no Was Paid	Legal Fees	\$ \$2,426 Filing Fee \$338, Credit Rep		
950 Echo Number	Street			10/12/22-10 /17/22	\$2,838.00
Houston,	, TX 77024 State 2	ZIP Code			
	ebsite address				
Amber C					
Person Wh	no Made the Payment,	if Not You			
	sing Inc	Description	on and value of any property transf	erred Date payment or transfer was made	Amount of payment
CC Advis Person Wh	no Was Paid	Credit Cou	nseling Course	transier was made	
703 Was Number	hington Ave. Suite 2 Street		ŭ	11/03/2022	\$19.52
Bay City, City	MI 48708-5732 State 2	ZIP Code			
Email or we	ebsite address				
Person Wh	no Made the Payment,	if Not You			
elp you de o not inclu	eal with your credito		nts to your creditors?	r behalf pay or transfer any property	/ to anyone who promised
		Description	on and value of any property transf	erred Date payment or transfer was made	Amount of payment
Person Wh	no Was Paid			transier was made	
Number	Street				
City	State 2	ZIP Code			

Case 22-33489 Document 1 Filed in TXSB on 11/23/22 Page 77 of 106 Crutcher Debtor 1 Joel **Dennis** Debtor 2 Amber Nicole Crutcher Case number (if known) _ First Name Middle Name Last Name 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **✓** No ☐ Yes. Fill in the details. Description and value of property Describe any property or payments Date transfer was transferred received or debts paid in exchange made Person Who Received Transfer Number Street City State Person's relationship to you _ 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **√** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust _ Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **✓** No Yes. Fill in the details.

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otor 2	Amber	Nicole	5	Crutcher Crutcher		Casa number (if known)	
	First Name	Middle N		Last Name		Case number (if known)	
			Last 4 digits	of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Fi	nancial Institution		XXXX		☐ Checking		
<u></u>	<u> </u>				Savings		
Number	Street				☐ Money market		
					Brokerage		
					Other		
City	State	ZIP Code					
☑ No □ Yes. F	ill in the details.						
			Who else ha	ad access to it?	Describe the o	contents	Do you still have it?
							□No
Name of Fi	nancial Institution		Name		_		Yes
Number	Street		Number Str	reet			
							
			City	State ZIP Co	ode		
City	State	7IP Code	City	State ZIP Co	ode		
City	State	ZIP Code	City	State ZIP Co	ode		
2. Have yo					e within 1 year before you	filed for bankruptcy?	
2. Have yo						filed for bankruptcy?	
2. Have yo √ 1 No						filed for bankruptcy?	
2. Have yo √ 1 No	ou stored property		unit or place o		e within 1 year before you		Do you still have it?
. Have yo ☑ No ☐ Yes. F	ou stored property		unit or place o	other than your home	e within 1 year before you		
. Have yo ☑ No ☐ Yes. F	ou stored property		unit or place o	other than your home	e within 1 year before you		it?
2. Have you ✓ No ☐ Yes. F Name of So	ou stored property		unit or place o Who else ha	other than your home	e within 1 year before you		□No
2. Have yo ☑ No ☐ Yes. F	ou stored property ill in the details. torage Facility		unit or place o Who else ha	other than your home	e within 1 year before you		it? ☐ No

Case 22-33489 Document 1 Filed in TXSB on 11/23/22 Page 79 of 106 Crutcher Debtor 1 Joel **Dennis** <u>Amber</u> Debtor 2 Nicole Crutcher Case number (if known). First Name Middle Name Last Name Identify Property You Hold or Control for Someone Else Part 9: 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **√**No ☐ Yes. Fill in the details. Where is the property? Describe the property Value Owner's Name Number Street Street Number City State ZIP Code City State **ZIP Code** Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **✓** No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street **ZIP Code** City State City ZIP Code State 25. Have you notified any governmental unit of any release of hazardous material? **✓** No Yes. Fill in the details.

btor 2	Amber	Nicole	Crutcher Crutcher	Case number (if kno	own)
	First Name	Middle Name	Last Name		
		Governm	nental unit	Environmental law, if you know it	Date of notice
Name of sit	te	Governmen	ntal unit	_	
Number	Street	Number	Street	_	
		City	State ZIP Code	_	
City	State Z	ZIP Code			
os Havava	baan a namu in ann		wativa muaaadina wada	er any environmental law? Include settlements	and andoro
Mo No	u been a party in ar	iy judiciai or adınınısı	rative proceeding unde	er any environmentariaw? include settlements	and orders.
Yes. Fi	ill in the details.				
		Court or	agency	Nature of the case	Status of the case
Case title					Pending
		Court Name	•	_	On appeal
				_	Concluded
		Number	Street	_	
Case numb	per	Number	Street State ZIP Code		
art 11: G 7. Within 4 ☑ A	ive Details Abou years before you fi	City It Your Business of the for bankruptcy, dielf-employed in a trade liability company (LLC)	State ZIP Code or Connections to Ar	or have any of the following connections to any	Concluded
art 11: G 7. Within 4 ☑ A □ A	years before you fi sole proprietor or se member of a limited partner in a partners	City It Your Business of the for bankruptcy, dielf-employed in a trade liability company (LLC)	State ZIP Code or Connections to Ar id you own a business of the profession, or other action or limited liability particles.	or have any of the following connections to any	Concluded
art 11: G 7. Within 4 ☑ A ☐ A	years before you fi sole proprietor or se member of a limited partner in a partners	City It Your Business of the for bankruptcy, directly a trade of the liability company (LLC) whip managing executive of the liability company (LLC) which is t	State ZIP Code or Connections to Ar id you own a business of the profession, or other action or limited liability particles.	or have any of the following connections to any stivity, either full-time or part-time nership (LLP)	Concluded
art 11: G 27. Within 4	years before you fi sole proprietor or se member of a limited partner in a partners	City It Your Business of the for bankruptcy, directly a trade of the company (LLC) is the company of the voting or equivalent to the company of	State ZIP Code or Connections to Ar id you own a business of a profession, or other according to the composition of a corporation	or have any of the following connections to any stivity, either full-time or part-time nership (LLP)	Concluded
art 11: G 27. Within 4	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or in owner of at least 5 one of the above apprince of the above appri	City It Your Business of the for bankruptcy, directly a trade of the self-employed in a trade	State ZIP Code or Connections to Ar id you own a business of a profession, or other according to the composition of a corporation	or have any of the following connections to any etivity, either full-time or part-time nership (LLP)	Concluded
art 11: G 7. Within 4	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or in owner of at least 5 one of the above applied.	City It Your Business of the for bankruptcy, directly a trade of the self-employed in a trade	State ZIP Code or Connections to Ar id you own a business of a profession, or other accomposition and a corporation of a corporation of a corporation	or have any of the following connections to any etivity, either full-time or part-time nership (LLP) ration ness. Employer Identification n	Concluded / business?
art 11: G 7. Within 4	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or in owner of at least 5 one of the above applied.	City It Your Business of the for bankruptcy, directly a trade of the self-employed in a trade	State ZIP Code or Connections to Ar id you own a business of a profession, or other according to the component of a corporation according to the component of a corporation according to the c	per have any of the following connections to any estivity, either full-time or part-time enership (LLP) Tration The second sec	Concluded y business?
Art 11: G 7. Within 4 1. A 1. A 1. Ar 2. Ar 2. Ar 2. Ar 2. Ar 2. Ar 3. Ar 4. Ar 4. Ar 4. Ar 4. Ar 5. Ar 6. Ar 6. Ar 6. Ar 7. Ar 9. Ar 1. Ar 1	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or nowner of at least 5 one of the above appheck all that apply a ps LLC	City It Your Business of the Voting or equipment of the Voting or equipmen	State ZIP Code or Connections to Ar id you own a business of a profession, or other according to the component of a corporation according to the component of a corporation according to the c	or have any of the following connections to any etivity, either full-time or part-time nership (LLP) ration ness. Employer Identification n	Concluded y business?
art 11: G 27. Within 4 A A Ar Ar No. No Yes. Cl Gun Corp	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or nowner of at least 5 one of the above appheck all that apply a be LLC	City It Your Business of the for bankruptcy, directly and the life-employed in a trade liability company (LLC) ship managing executive of the voting or equiplies. Go to Part 12. bove and fill in the det Describe Retail	State ZIP Code or Connections to Ar id you own a business of a profession, or other according to the component of a corporation according to the component of a corporation according to the c	trivity, either full-time or part-time nership (LLP) ration mess Employer Identification in Do not include Social Sections. EIN: 4 6 - 2 4	Concluded y business?
art 11: G 27. Within 4 A A Ar Ar No. No Yes. Ci Gun Corp Name 2501 S Te Number	years before you fit sole proprietor or semember of a limited partner in a partners in officer, director, or nowner of at least 5 one of the above appheck all that apply a ps LLC	City It Your Business of the for bankruptcy, directly and the life-employed in a trade liability company (LLC) ship managing executive of the voting or equiplies. Go to Part 12. bove and fill in the det Describe Retail	State ZIP Code or Connections to Ar id you own a business of e, profession, or other acc C) or limited liability partr of a corporation hity securities of a corpor dails below for each busine the nature of the busine	trivity, either full-time or part-time nership (LLP) ration mess Employer Identification in Do not include Social Sections. EIN: 4 6 - 2 4	umber curity number or ITIN.

Case 22-33489 Document 1 Filed in TXSB on 11/23/22 Page 81 of 106 Crutcher Debtor 1 Joel **Dennis** <u>Amber</u> Debtor 2 Crutcher Nicole Case number (if known). First Name Middle Name Last Name 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. **✓** No ☐ Yes. Fill in the details below. Date issued MM / DD / YYYY Name Number Street City State **ZIP Code** Sign Below Part 12: I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Joel Dennis Crutcher /s/ Amber Nicole Crutcher Signature of Joel Dennis Crutcher, Debtor 1 Signature of Amber Nicole Crutcher, Debtor 2 Date 11/23/2022 Date 11/23/2022 Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? □No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? **√** No

Yes. Name of person ___

Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

Fill in this information	n to identify your case	:		
Debtor 1	_ Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:		Southern District of Texas	<u> </u>
Case number				
(if known)				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

art 1: List You	ur Creditors Who Have Secured Clair	ms	
For any creditor below.	rs that you listed in Part 1 of Schedule D: C	reditors Who Have Claims Secured by Property (Official Forn	n 106D), fill in the information
Identify the cre	ditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's		☐ Surrender the property.	☑ No
name:	IBEW Federal Credit Union	Retain the property and redeem it.	Yes
Description of property securing debt:	2021 Jeep Wrangler	Retain the property and enter into a Reaffirmation Agreement.	
occuming accum		Retain the property and [explain]:	
Creditor's		☐ Surrender the property.	☑ No
name:	IBEW Federal Credit Union	Retain the property and redeem it.	Yes
Description of property securing debt:	2019 Ram Rebel	Retain the property and enter into a Reaffirmation Agreement.	
cooding dobt.		Retain the property and [explain]:	

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btor 1 btor 2	Joel <u>Amber</u>	Dennis Nicole	Crutcher Crutcher	Case number (if known)
	First Name	Middle Name	Last Name	
t 2: List	Your Unexpired	l Personal Propert	y Leases	
rmation be	elow. Do not list rea	al estate leases. Unex		contracts and Unexpired Leases (Official Form 106G), fill in the still in effect; the lease period has not yet ended. You may assume a (2).
Describe y	our unexpired per	sonal property leases	3	Will the lease be assumed?
Lessor's nar	me: Rob	ertson Neal Law		☐ No
Description property:		ily Law Attorney		√ Yes
_essor's nar	me:			□ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			□ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			□ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			□ No
Description property:	of leased			☐ Yes
Lessor's nar	me:			□ No
Description property:	of leased			Yes
Lessor's nar	me:			□ No
Description property:	of leased			☐ Yes
rt 3: Sigr	n Below			
	lty of perjury, I deci at is subject to an u		ted my intention about any prop	erty of my estate that secures a debt and any personal
/ s/Joel I	Dannia October		Y /a/ A mathema Although	ah an
<u> </u>	Dennis Crutcher e of Debtor 1		/s/ Amber Nicole Crute Signature of Debtor 2	<u>іні</u>
Date <u>11/</u> 2	23/2022		Date <u>11/23/2022</u>	<u></u>
	// DD/ YYYY		MM/ DD/ YYYY	

	Case 22.2	2480 Doour	ent 1 Eiled in TXSR o	n 11/23/22 Page 84 of 106
Fill in this information	on to identify your ca	se:	icht i inca in 17,000 o	11 12 12 1 age 04 01 100
Debtor 1	Joel	Dennis	Crutcher	
	First Name	Middle Name	Last Name	_
Debtor 2	Amber	Nicole	Crutcher	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the	e: S	Southern District of Texas	_
Case number (if known)				☐ Check if this is an amended filing
Statement for Crutch	her Joel Dennis			
	•	n n		
Official Forn	n 122A-150	<u>pp</u>		
Statemen	t of Exem	ption fron	n Presumption of	Abuse Under § 707(b)(2) 12/15
oresumption of abus to only one of you, t	se. Be as complete	and accurate as pos ould complete a sep	sible. If two married people are fil	cial Form 122A-1), if you believe that you are exempted from a ing together, and any of the exclusions in this statement applies hat this is required by 11 U.S.C. § 707(b)(2)(C).
			mor dobto are defined in 11 II C.C.	\$ 404(0) as "insurred by an individual primarily for a paragral
				§ 101(8) as "incurred by an individual primarily for a personal, ver you gave at line 16 of the <i>Voluntary Petition</i> (Official Form
101).				
™ No. Go thi	o to Form 122A-1; or s supplement with th	n the top of page 1 on ne signed Form 122 <i>P</i>	f that form, check box 1, <i>There is n</i> ₁ -1.	o presumption of abuse, and sign Part 3. Then submit
_	o to Part 2.	3 11 1		
Part 2: Determi	ine Whether Mili	tary Service Prov	visions Apply to You	
2 Are vou a	disabled veteran (as	s defined in 38 U.S.C	: 8 3741(1)\ ?	
□ _{No. Go}	,	s defined in 50 0.0.c	. 3 37 47(1)):	
□ _{Yes. D}	id you incur debts m	ostly while you were); 32 U.S.C. § 901(1)	on active duty or while you were p	erforming a homeland defense activity?
_	$\mathbf{I}_{No.}$ Go to line 3.), 32 0.0.0. § 30 1(1)	•	
		1224-1: on the top of	finage 1 of that form, check how 1	There is no presumption of abuse, and sign Part
_	3. Then subr	nit this supplement v	vith the signed Form 122A-1.	There is no presumption of abuse, and sign Fait
3 Are you or	have you been a P	eservist or member	of the National Guard?	
_	-	1. Do not submit this		
	·			v? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
□ _{No.}	Complete Form 122	2A-1. Do not submit	this supplement.	
☐ Yes.	Check any one of	the following categor	ies that applies:	
	was called to active nd remain on active		er 11, 2001, for at least 90 days	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,
_		•	er 11 2001 for at least 00 days	check box 3, <i>The Means Test does not apply now</i> , and sign Part 3. Then submit this supplement with the signed
а	nd was released from	m active duty on	er 11, 2001, for at least 90 days, which is fewer	Form 122A-1. You are not required to fill out the rest of
th	nan 540 days before	I file this bankruptcy	case.	Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are perferming a homeland defense activity, and for 540.
			ivity for at least 90 days.	are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
□ 1	•		for at least 90 days, ending on	If your exclusion period ends before your case is closed,
_ b	ankruptcy case.	nich is tewer than 54	10 days before I file this	you may have to file an amended form later

bankruptcy case.

Fill	in this information	to identify your case	e:					one box on	ly as directed in thi	s form and in
D	ebtor 1	Joel	Dennis	Crutcher						
		First Name	Middle Name	Last Name					oresumption of abu	
	ebtor 2	Amber	Nicole	Crutcher					on to determine if a	
(S	Spouse, if filing)	First Name	Middle Name	Last Name					lculation (Official F	
Uı	nited States Bankro	uptcy Court for the:	S	outhern Distric	ct of Texas				Test does not apply	
	ase number known)								tary service but it c an amended filing	ould apply later.
Stat	tement for Crutche	er, Joel Dennis					_ _ G	ieck ii this is	an amended ming	
Of	ficial Form	122A-1								
Cł	napter 7 S	Statemen [.]	t of Your	Curren	t Mont	hlv Ir	ncome			12/19
attad and beca with	ch a separate shee case number (if ki ause of qualifying this form.	ccurate as possible. et to this form. Inclu- nown). If you believe military service, cor	de the line numbe e that you are exer nplete and file <i>Sta</i>	r to which the a	additional information of	ormation a	applies. On the ecause you d	e top of any o not have p	additional pages, orimarily consume	write your name r debts or
		rital and filing status								
•		Fill out Column A, line								
		our spouse is filing		oth Columns A	and B, lines	2-11.				
	☐ Married and ye	our spouse is NOT f	filing with you. Yo	u and your spo	use are:					
	_	the same household	_							
	under pe	parately or are legall nalty of perjury that y are living apart for rea	you and your spou	se are legally s	eparated und	ler nonban	kruptcy law tha	at applies or	that you and your	
va ex	01(10A). For examparied during the 6 m	nonthly income that ple, if you are filing on nonths, add the incomuses own the same	on September 15, to me for all 6 months	he 6-month per and divide the	iod would be total by 6. F	March 1 th	rough August sult. Do not inc	31. If the ar	mount of your mont come amount more	hly income than once. For
							Column A Debtor 1	D	olumn B ebtor 2 or on-filing spouse	
2.	Your gross wage deductions).	s, salary, tips, bonu	ses, overtime, and	l commissions	(before all pa	ayroll				ı
3.	Alimony and mai is filled in.	intenance payments	. Do not include pa	ayments from a	spouse if Co	lumn B				
4.	your dependents unmarried partner roommates. Include	n any source which a s, including child sup r, members of your h de regular contribution ents you listed on lin	pport. Include regunousehold, your de ons from a spouse	ılar contribution pendents, pare	s from an nts, and					
5.	Net income from or farm	operating a busines	ss, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)								
	Ordinary and nec	essary operating exp	penses							
	Net monthly incor	me from a business,	profession, or farm	1		Copy here →				
6.	Net income from	rental and other rea	al property	Debtor 1	Debtor 2					
		efore all deductions)		Deptor 1	Debior 2					
	. ,	essary operating exp			_					
	·	me from rental or oth				Copy here				
7.	Interest, dividend	ds. and rovalties				\rightarrow				

Debtor 1 Case 22-33489 Document 1 Filed in TXSB on 11/23/22 Page 86 of 106

De	btor 2	<u>Amber</u>	Nicole	Crutcher	Case number (if known)		
		First Name	Middle Name	Last Name	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8.	Unemployment compens	ation				
		Do not enter the amount if under	you contend that the	amount received was a benefit			
		the Social Security Act. Ins	stead, list it here:	······································			
		For you		······			
		For your spouse		······			
		benefit under the Social Socia	ecurity Act. Also, excensation, pension, pay, tin connection with a modern of the uniformed pter 61 of title 10, there amount of retired pay	ny amount received that was a pt as stated in the next sentence annuity, or allowance paid by the disability, combat-related injury o services. If you received any include that pay only to the extern to which you would otherwise by ther than chapter 61 of that title.	e r ent		
	10	b. Income from all other so Do not include any benef received as a victim of a domestic terrorism; or con the United States Govern	urces not listed above its received under the war crime, a crime aga mpensation, pension, ment in connection with th of a member of the	e. Specify the source and amoun Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid b th a disability, combat-related uniformed services. If necessary,	r y		
		al amounts from separate p Calculate your total curre each column. Then add the	ent monthly income.	ğ .	+	+	= Total current monthly income
Pa	art 2:	Determine Whether	the Means Test A	oplies to You			·
12.	Calc	ulate your current monthly	income for the year.	Follow these steps:			
	12a.	Copy your total current m	onthly income from lin	e 11		Copy line 11 here →	
		Multiply by 12 (the number	er of months in a year)			-	x 12
	12b.	The result is your annual	income for this part of	the form.		12b.	
13.	Calc	ulate the median family inc	come that applies to y	ou. Follow these steps:			
	Fill in	n the state in which you live					
	Fill in	n the number of people in y	our household.				
	To fir	nd a list of applicable media uctions for this form. This lis	an income amounts, go	e of household o online using the link specified ir le at the bankruptcy clerk's office	n the separate	13. [
14.	How	do the lines compare?					
		Go to Part 3.		ne top of page 1, check box 1, Th			
	14b.	☐ Line 12b is more than li	ne 13. On the top of p	age 1, check box 2, The presum	ption of abuse is determine	d by Form 122A-2.	

Go to Part 3 and fill out Form 122A-2.

Document 1 Filed in TXSB on 11/23/22 Page 87 of 106 Debtor 1 Debtor 2 <u>Amber</u> Case number (if known). First Name Middle Name Last Name Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Joel Dennis Crutcher X /s/ Amber Nicole Crutcher Signature of Debtor 1 Date 11/23/2022 Date 11/23/2022 MM/ DD/ YYYY MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill	in this information to identify your case:		one box only as directed in 22A-1Supp:	this form and in
D	ebtor 1 Joel Dennis Crutcher	☑ 1. Th	here is no presumption of a	buse.
_	First Name Middle Name Last Name	1 1_	he calculation to determine	
	ebtor 2 Amber Nicole Crutcher Spouse, if filing) First Name Middle Name Last Name	of at	buse applies will be made uans Test Calculation (Officia	inder Chapter 7
U	nited States Bankruptcy Court for the: Southern District of Texas	_	The Means Test does not ap	,
	ase number		ualified military service but i	
_	known)	Che	eck if this is an amended fili	ng
Stat	tement for Crutcher, Amber Nicole			
<u>Of</u>	ficial Form 122A-1			
Cł	napter 7 Statement of Your Current Monthly In	come		12/19
atta and beca with	as complete and accurate as possible. If two married people are filing together, both are equally ch a separate sheet to this form. Include the line number to which the additional information appears case number (if known). If you believe that you are exempted from a presumption of abuse because of qualifying military service, complete and file Statement of Exemption from Presumption this form. The Calculate Your Current Monthly Income	pplies. On the cause you do	top of any additional page not have primarily consun	s, write your name ner debts or
1.	What is your marital and filing status? Check one only.			
	Not married. Fill out Column A, lines 2-11.			
	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.			
	☐ Married and your spouse is NOT filing with you. You and your spouse are: ☐ Living in the same household and are not legally separated. Fill out both Column A and	N D linno 2 11		
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Co			iro.
	under penalty of perjury that you and your spouse are legally separated under nonbankr spouse are living apart for reasons that do not include evading the Means Test requirem	uptcy law that	t applies or that you and you	
10 va ex	ill in the average monthly income that you received from all sources, derived during the 6 full m 01(10A). For example, if you are filing on September 15, the 6-month period would be March 1 threaried during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the resustample, if both spouses own the same rental property, put the income from that property in one co 0 in the space.	ough August 3 Ilt. Do not inclu	31. If the amount of your moude any income amount mo	onthly income ore than once. For
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0	0.00 \$275.0	<u>00</u>
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0	0.00 \$0.0	<u>00</u>
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$758	8.91 \$817.0	<u>00</u>
5.	Net income from operating a business, profession, or farm Debtor 1 Debtor 2			
	Gross receipts (before all deductions) \$0.00 \$0.00			
	Ordinary and necessary operating expenses - \$0.00 - \$0.00			
	Net monthly income from a business, profession, or farm \$\\ \begin{array}{c} \\$0.00 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\$0	0.00 \$0.0	00
6.	Net income from rental and other real property Debtor 1 Debtor 2		<u> </u>	_
	Gross receipts (before all deductions) \$0.00 \$0.00			
	Ordinary and necessary operating expenses - \$0.00 - \$0.00			
	Net monthly income from rental or other real property \$0.00 \$0.00 here			
	→ more	\$0	0.00 \$0.0	<u>)0</u>
7.	Interest, dividends, and royalties	\$0	0.00 \$0.0	<u> </u>

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De	ebtor 2	<u>Amber</u>	Nicole	Crutcher		Case no	umber (if known)		
		First Name	Middle Name	Last Name		umn A o tor 1	Column B Debtor 2 or non-filing spouse		
	8. l	Jnemployment compensa	ation			\$0.00	\$0.00)	
		Do not enter the amount if under	you contend that the	amount received was a benefit				_	
	t	he Social Security Act. Ins	stead, list it here:						
	F	or you		\$0	0.00				
	F	or your spouse		\$0	0.00				
	t c r t 6	penefit under the Social Section not include any comper Jnited States Government disability, or death of a meretired pay paid under chap hat it does not exceed the entitled if retired under any Income from all other son Do not include any benefit received as a victim of a vi	ecurity Act. Also, excension, pay, in connection with a comber of the uniformed pay of the folial pay	ny amount received that was a pt as stated in the next sentence annuity, or allowance paid by the disability, combat-related injury of services. If you received any include that pay only to the extended to which you would otherwise the than chapter 61 of that title e. Specify the source and amou Social Security Act; payments ainst humanity, or international of pay, annuity, or allowance paid the a disability, combat-related uniformed services. If necessary ne total below.	e or ent oe nt. r	\$0.00	\$0.00	<u>-</u>	
	Total		if		_			_	
		amounts from separate pa	ent monthly income.			\$758.91	+ \$1,092.00	= \$1,850.91	
		each column. Then add th	ne total for Column A	to the total for Column B.				Total current monthly income	
Pa	art 2:	Determine Whether t	the Means Test A	oplies to You					
12.	Calcu	late your current monthly	income for the year.	Follow these steps:					
	12a.	Copy your total current mo	onthly income from lin	e 11			Copy line 11 here \rightarrow	\$1,850.91	
		Multiply by 12 (the number	er of months in a year)					x 12	
	12b.	The result is your annual i	ncome for this part of	the form.			12b.	\$22,210.92	
13.	Calcu	late the median family inc	come that applies to y	ou. Follow these steps:					
	Fill in	the state in which you live.		Texas					
	Fill in	the number of people in yo	our household.	5					
	To find	d a list of applicable media	n income amounts, go	e of household o online using the link specified le at the bankruptcy clerk's offic	n the separa			\$104,113.00	
14.		How do the lines compare?							
	14a. 🤄	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2.							
	14b. [14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A–2.							

Document 1 Filed in TXSB on 11/23/22 Page 90 of 106 Debtor 1 Debtor 2 <u>Amber</u> Case number (if known). First Name Middle Name Last Name Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Joel Dennis Crutcher X /s/ Amber Nicole Crutcher Signature of Debtor 1 Date 11/23/2022 Date 11/23/2022 MM/ DD/ YYYY MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION

IN RE: Crutcher, Joel Dennis Crutcher, Amber Nicole CASE NO

CHAPTER 7

			VERIFICATION OF CREDITOR MATRIX	
The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.				
Date	11/23/2022	Signature	/s/ Joel Dennis Crutcher Joel Dennis Crutcher, Debtor	
Date _	11/23/2022	Signature	/s/ Amber Nicole Crutcher Amber Nicole Crutcher, Joint Debtor	

AAFES

P.O. Box 4692 Carol Stream, IL 60197-4692

Affirm, Inc. Attn: Bankruptcy PO Box 720 San Francisco, CA 94104

American Anesthesiology of Texas PO Box 88087 Chicago, IL 60680-1087

AmeriCredit/GM Financial Attn: Bankruptcy PO Box 183593 Arlington, TX 76096

BioReference Laboratories PO Box 21134 New York, NY 10087

BioReference Laboratories PO Box 1259 Dept 157292 Oaks, PA 19456

Brazos Valley Pathology PO Box 203294 Dallas, TX 75320

Brittani Crutcher 2436 Rushing Springs Dr. Fort Worth, TX 76118 Brittani Crutcher 2436 Rushing Springs Dr Fort Worth, TX 76118-7759

Bryan Radiology Association PO Box 5306 Bryan, TX 77805

Capital One PO Box 31293 Salt Lake City, UT 84131

Capital One PO Box 31293 Salt Lake City, UT 31293

Capital One PO Box 30285 Salt Lake City, UT 84130

Capital One 1680 Capital One Dr Mc Lean, VA 22102-3407

Capital One P.O. Box 30285 Salt Lake City, UT 84130

Card Works P.O. Box 9201 Old Bethpage, NY 11804-9001 CBCS P. O. Box 69 Columbus, OH 43216

Chase Card Services
Attn: Bankruptcy
PO Box 15298

Wilmington, DE 19850

Chi St Joseph Health PO Box 33000 Belfast, ME 04915

Chi St Joseph Regional Health 2801 Franciscan Dr Bryan, TX 77802

Client Servies, Inc. 3451 Harry S. Truman Blvd St. Charles, MT 63301

Clinical Pathology Laboratories PO Box 141669 Austin, TX 79714

Comenity Bank/Buckle

Attn: Bankruptcy PO Box 182125 Columbus, OH 43218

Comenity Bank/Kay Jewelers

Attn: Bankruptcy Dept PO Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret

Attn: Bankruptcy POB 182125 Columbus, OH 43218

Comenity Bank/Zales

Attn: Bankruptcy PO Box 182125 Columbus, OH 43218

Credit Collection Services PO Box 55126 Boston, MA 02205-5126

Credit Collection Services Two Wells Avenue Suite 1 Newton Center, MA 02459

Credit Control Corporation PO Box 120630 Newport News, VA 23612

Credit One P.O. BOX 98873 Las Vegas, NV 89193

Credit One Bank P.O. Box 60508 City of Industry, CA 91716-0500

Brittani Crutcher 2436 Rushing Springs Dr Fort Worth, TX 76118-7759 Fingerhut PO BOX 70281 Philadelphia, PA 19176

Fingerhut Fetti/Webbank Attn: Bankruptcy 6250 Ridgewood Road

Saint Cloud, MN 56303

Fortiva Po Box 105555 Atlanta, GA 30348-5555

Genesis Financial PO Box 361774 Dallas, TX 75380

Harris County Toll Road PO Box 4440 Houston, TX 77210

Healthline Medical Equipment PO Box 825575 Philadelphia, PA 19182-5575

Hearing Sceening Associates, LLC 3333 North Kennicott Ave Arlington Heights, IL 60004

I BEW FCU 3805 W Cardinal Dr Beaumont, TX 77705

IBEW FCU

3805 W Cardinal Dr 3805 W Cardinal Dr Beaumont, TX 77705

IBEW Federal Credit Union

3805 W Cardinal Dr Beaumont, TX 77705

IBEW Federal Credit Union

3805 W Cardinal Dr Beaumont, TX 77705

Internal Revenue Service

Centralized Insolvency Operations Po Box 7346 Philadelphia, PA 19101-7346

Jennifer Olson

1304 Augustine Court College Station, TX 77840

Joseph I. Sussman, P.C.

Index # CV-017322-19/NY 333 Pearsall Ave. Suite 205 Cedarhurst, NY 11516

Kay Genisis Card Services

PO box 23013 Columbus, GA 31902

Macys/FDSB

Attn: Bankruptcy 9111 Duke Boulevard

Mason, OH 45040

Marine Federal Credit

Attn: Bankruptcy PO Box 1551 Jacksonville, NC 28541-1551

Merrick Bank PO Box 660702 Dallas, TX 75266

Midland Credit Managment 306661259 PO Box 301030 Los Angeles, CA 90030

Midland Funding, LLC Attn: Bankruptcy PO Box 939069 San Diego, CA 92193

Northern Leasing Systems 419E Main st Middleton, NY 10940

NTTA PO Box 660244 Dallas, TX 75266

OneMain Financial Attn: Bankruptcy PO Box 3251 Evansville, IN 47731

Portfolio Recovery Associates, LLC PO Box 115220 Carrollton, TX 75011 Portfolio Recovery Associates, LLC P.O. Box 12914 Norfolk, VA 23541

Revco Solutions, Inc 2700 Meridian Parkway Suite 200 Durham, NC 27713

RMP Services LLC PO Box 630844 Cincinnati, OH 45263

Robertson Neal Law 409 E. 26th St Bryan, TX 77803

Robertson Neil Law 409 E. 26th St Bryan, TX 77803

Southwest Hormone Laboratory PO Box 17221 Wilmington, DE 19850

St Joseph Health PO Box 1259 Dept 141529 Oaks, PA 19456

St Joseph Health College Station 1604 Rock Prairie College Station, TX 77845 St Joseph Regional Health Ctr 2801 Franciscan Dr Bryan, TX 77802

St Joseph Regional Health Ctr PO Box 679873 Dallas, TX 75267

Star Furniture 3400 E 29th St Bryan, TX 77802

Sterling Jewelers, Inc. Attn: Bankruptcy PO Box 1799 Akron, OH 44309-1799

Synchrony Bank Amazon P.O. Box 965003 Orlando, FL 32896

Synchrony Bank/Jewelry Custom Attn: Bankruptcy PO Box 965064 Orlando, FL 32896-5064

Texas A & M University 750 Agronomy Rd College Station, TX 77843

Texas Children's PO Box 4494 Houston, TX 77210 Texas ENT & Allergy PO Box 10194 College Station, TX 77842

Toyota Financial Services Po Box 4102 Carol Stream, IL 60197-4102

Upstart Attn: Bankruptcy PO Box 1503 San Carlos, CA 94070

Upstart Finance Attn: Bankruptcy PO Box 1503 San Carlos, CA 94070

US Dept of Education/GL 2401 International Lane POB 7859 Madison, WI 53704

US Small Business Admn. Attn: Bankruptcy 409 3rd St , SW Washington, DC 20416

US Small Business Admn. Attn: Bankruptcy 409 3rd St , SW Washington, DC 20416

USAA Federal Savings Bank 10750 McDermott Freeway San Antonio, TX 78288-0578

USDOE/GLELSI

Attn: Bankruptcy PO Box 7860 Madison, WI 53707-7860

Wells Fargo Bank NA 8750 Highway 6 South Houston, TX 77083

Zales Comenity P.O. Box 659819 San Antonio, TX 78265

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquid	ation
	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- most domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —theChapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee

\$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	¢212	total foo

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms /bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy*(Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called *ajoint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts /Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.